

THE AMERICAN JOURNAL OF NURSING

Vol. XIV

JULY, 1914

No. 10

NURSING NEWS AND ANNOUNCEMENTS

IMPORTANT ANNOUNCEMENTS OF THE MONTH

(This issue of the JOURNAL is devoted to the proceedings and papers of the seventeenth annual convention of the American Nurses' Association. All items of news are held over until August.)

CONVENTION REPORTS

Readers wishing to order extra copies of this issue of the JOURNAL, either for their own use or for any of their friends, should notify the Rochester office immediately upon the receipt of their own copy, and not later than July 20, inclosing payment for JOURNALS ordered, at the rate of twenty-five cents a copy.

The report of the League of Nursing Education will be published in book form, and copies may be ordered from the secretary of the League, Sara E. Parsons, Massachusetts General Hospital, Boston, Mass.

The report of the National Organization for Public Health Nursing will be published in the Public Health Nurse Quarterly. Communications regarding the report or papers should be addressed to the Executive Secretary, Ella Phillips Crandall, 54 East 34 Street, New York City.

THE TRIP TO SAN FRANCISCO

Miss Deak asks us to announce the following:

Following are the rates for nurses who expect to join the special train to San Francisco next spring. It will be seen that the route has been altered, via Chicago, instead of Cincinnati and St. Louis. It is found to be best to go and come via Chicago for several reasons.

The rates on the tour¹ as per itinerary submitted June 4, are as follows:

¹ The tour was described in the June issue of the JOURNAL.

	Male	Female
From New York.....	\$201.00	\$201.00
From Philadelphia.....	200.00	200.00
From Baltimore.....	210.75	210.75
From Washington.....	215.00	215.00
From Pittsburgh.....	225.00	225.00
From Chicago.....	235.00	235.00
From Kansas City.....	250.00	250.00

The above rates cover tour from and return to the city from which it is started, and include and provide:

Transportation: First class for the entire trip.

Pullman Accommodations: Tourist sleeping car from Washington to San Francisco and return to Niagara Falls. Standard Pullman car Niagara Falls to New York.

Hotel Accommodations: At good hotels, including room and meals, excepting at San Francisco, where room only is provided, permitting meals to be taken at various restaurants in and out of the Exposition grounds.

Meals: All meals on trains and while en route.

Transfers: Of passengers from stations to hotels and return.

You will note that with the exception of meals in San Francisco, the rates include all necessary expenses for the trip.

Should the party number twenty-five, it will enable us to furnish them with a private car for their exclusive use, without any additional cost; should the party number one hundred, we can furnish them with a special train, for their exclusive use, without any additional cost.

The above rates with the Yosemite Valley Tour are based on a party of one hundred or more. Should the number in the party be less than one hundred but not below forty-five the cost will be \$7.00 additional; if less than forty-five the cost will be \$10.00 additional.

The Yosemite Valley trip includes first class transportation, with stage rides and hotel accommodations, room and meals to Wawona and Big Trees.

Registration: Each member of the party is required to pay \$25 upon registration, which should be not later than January, 1915. The entire amount is to be paid four weeks before departure.

COURSES IN PUBLIC HEALTH NURSING

The Henry Street Settlement, New York City, will open a five months' course in public health nursing, which will include field work, and lectures at Columbia University and the School of Philanthropy. The plan is to begin the first of these courses on September 1 and it is expected that there will be a limited number of scholarships available. This broadens the field, in a very practical way, for special training in public health nursing.

The summer course in the Department of Nursing and Health at Teachers College, New York, begins on July 6.

PROCEEDINGS OF THE
SEVENTEENTH ANNUAL CONVENTION
OF THE
American Nurses' Association
HELD AT
THE PLANTERS' HOTEL
ST. LOUIS, MISSOURI
April 23-29, 1914

HONORARY MEMBERS

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MRS. WILLIAM K. DRAPER
MRS. BEDFORD FENWICK

MRS. BAYARD CUTTING
MRS. WINTHROP RHOE
MRS. HELEN HARTLEY JENNINS
ELLA STEWART*

ANNIE DAMEL, R.N.

*Deceased

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Control Bureau of Legislation and Information

MARY C. WHITMAN, R.N.

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MABEL T. BOARDMAN	ALMA E. WHOLEY
Mrs. WILLIAM K. DRAPER	Mrs. WHITELAW REND
MAJOR E. U. PATTERSON	ANNA C. MAXWELL, R.N.
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Mrs. FREDERICK TICE, R.N.	MARY E. GLADWIN, R.N.
	JULIA C. STYRON, R.N.

MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

National Associations.....	2
State Associations.....	37
County and City Associations.....	49
Alumnae Associations.....	169
Permanent Members.....	133
Charter Members (3 deceased).....	24

Attendance at the Seventeenth Annual Convention

Delegates from National Associations.....	2
Delegates from State Associations (representing 33 associations).....	45
Delegates from County and City Associations (representing 27 associations).....	27
Delegates from Alumnae Associations (representing 163 associations).....	163
Permanent Members.....	133

THE PROCEEDINGS OF THE SEVENTEENTH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

ST. LOUIS, MISSOURI, APRIL 23-29, 1914

THURSDAY AFTERNOON SESSION, APRIL 23

The seventeenth annual convention of the American Nurses' Association was opened at 2 P.M., Thursday, April 23, 1914, at the Planters' Hotel, St. Louis, Mo., by Genevieve Cooke, the president.

The secretary, Mathild Krueger, called the roll of associations and then read her report, as follows:

SECRETARY'S REPORT

The following meetings of the executive board have been held during the year:

June 27, 1913, at Hotel Chalfonte, Atlantic City.

October 4, at Hotel La Salle, Chicago.

January 14, 1914, at Park Avenue Hotel, New York.

April 23, at Planters' Hotel, St. Louis, Mo.

At the June meeting standing committees were appointed for the ensuing year. At the October meeting plans for the meeting in St. Louis were discussed, and by mutual arrangement with the other two national organizations it was decided to have all three organizations meet for the entire week, and the joint program committee was instructed to arrange the program so as to have no concurrent general meetings, thus making it possible for delegates to attend the general meetings of all three organizations. Further, it was recommended that all meetings where papers are read and discussed be open to the public.

A committee on education was appointed. Mary C. Wheeler, Chicago; Donna Dugan, Westfield, Mass.; Mrs. Hickey, Seattle, were selected to act on this committee.

A committee on revision of by-laws was appointed, to consist of Sara E. Ely, Birmingham, Mich.; Agnes G. Dunn, Detroit; and Katherine DeWitt, Rochester.

Thirty-seven applications for affiliation have been received, twenty-one were sent to the eligibility committee; two organizations were not eligible; eleven are being held for more complete data, and five were received too late to be sent to the eligibility committee.

The following organizations have been received into membership: St. Luke's Hospital, Cleveland; Maine State Association; Mississippi State Association; Graduate Nurses Associations of Cincinnati, Ohio; Augusta, Ga.; East Tennessee; Houston, Texas; Dallas, Texas; Washington County Nurses Association, Ann Arbor, Mich.; Vigo County Graduate Nurses Association, Terre Haute, Ind.; Tal-County Nurses Association, Akron, O.; New York County Registered Nurses Association; Nurses Round Table, Chicago, Ill.; Presbyterian Hospital Alumnae Association, North Side, Pittsburg; Iowa Methodist Hospital Association, Des Moines, Ia.; Hospital of St. Barnabas Alumnae, Newark, N. J.; Alumnae Association of the William W. Backus Training School, Norwich, Conn.; Union Hospital

Alumnae Association, Fall River, Mass.; making a total number of affiliated organizations to date of 277: Alumnae Associations, 189; City and County Associations, 49; State Associations, 37; National Associations, 2. Number of permanent members to date, 143

The report of the secretary was approved as read.

The president made the announcement that in addition to the list of permanent members read, 33 new names had been added that day.

The treasurer, Mrs. C. V. Twiss, read her report, as follows:

TREASURER'S REPORT

GENERAL FUND

Receipts

Balance April 30, 1913.....		\$2,612.47
Dues, alumnae associations.....	\$1,891.51	
Dues, state associations.....	370.35	
Dues, city and county associations.....	245.35	
Dues, permanent members.....	280.20	
Interest on bank balance.....	64.28	
\$50 programs paid for by The National League of Nursing Education.....	25.00	
\$50 programs paid for by The National Organization for Public Health Nursing.....	25.00	
Money returned by Miss Cooke.....	3.00	
Total Receipts.....		2,890.80
Total Cash.....		\$5,503.27

Disbursements

Expenses of convention.....	\$424.37	
Printing and stationery.....	161.85	
Postage, telegrams, expressage, storage.....	119.40	
Stenographer (Annual Meeting).....	120.00	
Arrangements Committee.....	30.25	
Nominating Committee.....	7.42	
Executive Committee.....	225.42	
Rent of safe deposit box.....	5.00	
General secretary, salary.....	350.00	
Treasurer, salary.....	250.00	
Dues to National Association for Study and Prevention of Tuberculosis.....	5.00	
Dues to American Association for Study and Prevention of Infant Mortality.....	5.00	
Dues returned, paid by error.....	21.00	
Miss Fisher (stenographer for St. Louis convention).....	65.07	
Lawyers' fees.....	25.00	
Exchange on cheques.....	6.00	
Bond for treasurer.....	12.00	
Total disbursements.....		2,690.35
Balance, April 1, 1914.....		\$2,812.92

Assets

Cash on deposit in New Netherland Bank, general fund..	\$3,942.71
Cash on deposit in Farmers Loan and Trust Company, Nurses' Relief Fund.....	3,018.02
8 Bonds, par value, Nurses' Relief Fund, New Netherland safe deposit vault.....	8,000.00
100 shares AMERICAN JOURNAL OF NURSING stock, New Netherland safe deposit vault.....	10,000.00
	<u>\$24,961.00</u>

Audited and found correct,

CHAS. E. CADY, C.P.A.

Nurses' RELIEF FUND*Receipts*

Balance, April 30, 1914.....	\$4,943.94
Contributions, as reported through the JOURNAL.....	<u>5,787.34</u>
	\$12,731.28

Disbursements

Exchange on checks.....	\$ 2.88
Lacy Minneapolis, postage, stationery.....	8.00
Burke Printing House, pledge cards.....	3.75
Postage and expressage on 1913 calendars.....	192.67
Eight bonds.....	<u>7,087.04</u>
DeLano Hixling Co., 1914 calendars.....	1,785.00
L. A. O'Brien, chairman, expense of committee meetings..	75.32
Burke Printing House, stationery.....	<u>7.00</u>
	\$9,712.66

Total receipts.....	\$12,731.28
Disbursements.....	<u>9,712.66</u>
Balance, April 1, 1914.....	\$3,018.62
Eight bonds, par value.....	<u>8,000.00</u>
	\$11,018.62

M. Louise Twin, R. N., Treasurer.

Audited and found correct,

CHAS. E. CADY, C.P.A.

The treasurer's report was accepted.

REPORT OF THE NOMINATING COMMITTEE

Nominating blanks were mailed to: national associations, 2; state associations, 25; city and county associations, 29; alumnae associations, 128; permanent and charter members, 124.

Returns were received from: national associations, 1; state associations, 18; city and county associations, 19; alumnae associations, 81; permanent and charter members, 48.

There were nominations for: president, 31; first vice president, 34; second vice president, 45; secretary, 37; treasurer, 19; directors, 128.

The list of nominations as finally made up was as follows:

For President, Genevieve Coehn, San Francisco, Second nomination from the floor. First Vice President, Adda Eldridge, Chicago; Miss Currie, Indianapolis; Second Vice President, M. Margaret Whitaker, Philadelphia; Agnes G. Deane, Detroit; Secretary, Katharine DeWitt, Rochester, Second nomination from the floor. Treasurer, Mrs. C. Victor Twin, New York; Mrs. Robt Thelin Reed, Orange, N. J.; Directors, Mary M. Eiddle, Newton Lower Falls, Mass.; Ella Phillips Crandall, New York; Jane A. Delano, Washington, D. C.; Mary C. Wheeler, Chicago; L. A. Gilheenan, Philadelphia; Mary Ryan, Denver; Mrs. Edith Hickey, Seattle; Anna C. Maxwell, New York; Martha J. Wilkinson, Hartford, Conn.; Sara E. Parsons, Boston; Mathild H. Krueger, Nossah, Wis.; Estelle Campbell, Des Moines, Iowa.

MARGARET A. BEWLEY, Chairman.

Nominations from the floor were called for, and Sarah E. Sly was nominated as a director.

There was no report from the Eligibility Committee.

The printed program constituted the report of the Program Committee.

The Arrangements Committee presented no report.

Mary C. Wheeler, chairman of the Publication Committee of the National League of Nursing Education announced that a book had been compiled, and would later be printed, containing the lists of schools accredited by the various state boards of examiners, a publication which had long been needed. The expense of printing will be covered by the nominal charge to be made for the book.

The report of the Robb Memorial Committee was read by Miss Delano, in the absence of the chairman, Miss Melman.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

The report was read by Miss Delano, for Miss Melman, the chairman, who was absent, and consisted of a report of the sub-committee on scholarships and the treasurer's report, as follows:

SUB-COMMITTEE ON SCHOLARSHIPS

Thirty-seven requests from nurses for information have been received during the year, and fifteen of these have become candidates for scholarships. The requests came from seventeen different states, of which eight were western, five eastern and four southern; five letters from New York, five from New Jersey, four from Massachusetts show, however, that the eastern states are well represented.

Out of the fifteen applicants, eleven had full high school and four had college work, four had been teachers before entering training schools. In professional training, fourteen different training schools are represented, one by two candidates. The majority of those applying were mature women, all over thirty years of age, and in all instances they presented evidences of experience. This was frequently varied in nature and considerable in extent, and the range was from two to twelve or more years.

The candidates were roughly divided into three groups: (a) those preparing for administration of training schools; (b) for teaching in training schools; (c) for public health nursing in some of its forms. Twelve of the candidates wished to enter Teachers College, three to enter the schools of civics or social work in Chicago or Boston. Your committee was impressed not only with the marked increase in the number of candidates, but with the improvement in the qualifications they brought, and the task of deciding, where so many were eminently eligible, was difficult. The committee could have appropriately awarded a far greater number of scholarships than is available.

The awards were finally made to Mary L. Wakefield, a graduate of the Newton Hospital, Mass., with sound preliminary education, an excellent record and successful experience, for preparation for training school administration; Mary L. Beatty, a graduate of the Presbyterian Hospital, Philadelphia, with excellent preliminary education and experience in teaching as well as in training school work, for preparation to teach in training schools for nurses; Miss R. E. Babcock, a graduate of Minnesota University, of St. Barnabas Training School, Minneapolis, with subsequent institutional experience, to prepare for Public Health Nursing (preferably in an industry) in the School for Social Workers, Boston, Mass.

The large number of candidates who could not be aided by scholarships and the high character of the women applying, seem to show clearly that the Scholarship Fund is greatly needed, that it is destined to play an increasingly valuable part in the advancement of nurses' education, and that our efforts to enlarge it and to extend its benefits must be unceasing.

M. A. NUTTINS, Chairman.

TREASURER'S REPORT

April 1, 1913 Had been collected.....	\$12,000.12
Collected during year.....	1,125.80
April 9, 1914 Total amount collected.....	\$14,315.92
Cost of investment at par value of \$7000.00.	\$ 7,100.55
April 1, 1913 Amount not invested.....	\$ 5,077.97
April 9, 1914 Collected and deposited.....	1,125.80
Total.....	\$ 6,990.77
Expense of the Education Committee for year.....	\$ 25.75
Scholarships.....	600.00
Remaining.....	6375.01
Interest accounted for.....	512.80
April 9, 1914 Total in bank not invested.....	\$6887.81

MARY M. RIDDLE, Treasurer

The report of the Committee on Red Cross Nursing Service was given by Miss Delano, who outlined the plan for giving instruction in home nursing. (Report not received for publication.)

Miss FITCHER (Indianapolis): Is there danger of their going out as nurses after this training, and asking remuneration for their services?

Miss DELANO: There is danger of anybody doing what is not right. As a matter of fact we have not had very many classes yet, and the instructors have been carefully selected. I have asked them what was the attitude of pupils, and they say they see little indication of misunderstanding the object.

Miss FITCHER: I know of one case where the Young Women's Christian Association was going to start a course of training with the intention of letting the women earn their living, and then when they were criticized they referred to the Red Cross as a sponsor.

Miss DELANO: We heard of them. We hope in time to come, the Young Women's Christian Association, if it does this, will put the courses under our instruction so that we can present it from our point of view. Our object is to teach personal and social hygiene, aid in prevention of sickness, and to give simple instruction for the care of the sick in their homes, to enable people to render intelligently such services as may be entrusted to them.

Miss BROWN (Indianapolis): Do you give a diploma?

Miss DELANO: We give a certificate which states they have had fifteen lessons; it is not a diploma.

Miss PATTERSON (Minneapolis): We are asked to give twelve lessons every year to a group of young women in the Young Women's Christian Association. I wonder whether it could not be done in this way?

Miss DELANO: We hope that the Young Women's Christian Association will eventually let us give the course. They of course train young women with the idea of their going out to earn their living. We say they must not. Eventually we hope they may see it from that point of view.

One explanation as to how we teach: we say the instruction must be given by a Red Cross nurse, that it has to be some one whom we appoint, that before they begin instruction they must have our permission, must have submitted the names of people to be instructed, and must follow the course and not go outside of it, must not teach the use of hypodermics for instance or medications. Then when they have completed the course, we expect them to be examined always, unless for some unusual reason it is impossible, by a member of the Red Cross Committee, not by the person who gives the instruction, so that there is not only the check of having a Red Cross nurse who is selected to give instruction, but of the committee back of the nurse.

The report of the Red Cross Committee was accepted.

The report of the Nurses' Relief Fund, Miss Giberson chairman, was read by Miss Eldredge.

REPORT OF RELIEF FUND COMMITTEE

A meeting was held in New York in February, present Misses Golding, Wood, Eldredge and Giberson; and one in St. Louis on April 28, present Misses Golding, Eldredge and Giberson.

The Relief Fund was started in Boston, in 1911, and the plan was commented upon by Miss Palmer "as the most simple and practical thing that had been suggested along these lines," she moved that this plan be adopted. Miss McInnes's comment was "that in a large undertaking you have to begin in a small way." This has been proved when we realize that at this meeting total pledges to the amount of \$1467 were received. Today the amount is \$11,910.17—the work of three years. This has been raised by voluntary contributions, from individual members, and associations, also by the sale of calendars, the proceeds from which were, in 1912, \$4526.22; in 1914, \$3484.05, a difference of \$1040.17. Two states ordered calendars—from which we have had no receipts, and many others have not sent in the total receipts. These, without question, will bring up the amount of 1914 to equal that of 1912.

It is proposed to issue another calendar for 1915, but the good work must not stop here in the work for this fund. Each nurse must keep in mind the ultimate good for the many who need relief.

The committee wishes to thank all those who have assumed the burden of the sale of the calendars in the various states, the many nurses and associations who have contributed money and time, and hopes that all will continue their interest in the Relief Fund so that the amount in 1915 will be doubled.

The states selling the largest number of calendars are as follows: Pennsylvania, New York, Massachusetts, Ohio, Missouri, Michigan,

New Hampshire, New Jersey, Nebraska, Texas, North Dakota, Oregon, Minnesota, California, Connecticut, Wisconsin, Colorado, Oklahoma, Iowa, Indiana, Rhode Island, District of Columbia, Georgia, Maryland, Delaware, Kentucky, Utah, Vermont, North Carolina, Mississippi, Idaho, Virginia, Florida, Montana, Kansas, Illinois, Maine and Louisiana have not sent in any receipts.

The following states ordered no calendars: Arkansas, Alabama, West Virginia, Tennessee, Washington, Wyoming, New Mexico, South Carolina and Canada.

Following are the rules approved by the Board of Directors of the American Nurses' Association:

1. **Object.** To provide financial aid in time of emergency, to give relief to disabled members not otherwise provided for, and to establish a loan fund.

2. **Eligibility.** Any member of an alumnus, city, county or state association, or any other organization affiliated with the American Nurses' Association, shall be eligible for the benefits of this fund. Such benefits shall be for disability from illness, accidents, or from losses from flood, fire, or other calamities, or funeral expenses. This is not to apply to members who have families able to care for them or where sufficient provision has already been made by their local association. Application should be made to the chairman of the Relief Fund Committee by the president and secretary of the local association.

3. **Administration.** Administration is to be determined by the Executive Committee, and the Relief Fund Committee. The amount of benefits is to be determined by the President of the American Nurses' Association, and the chairman of the Relief Fund Committee. Immediate notification of the draft shall be sent by them to the secretary of the American Nurses' Association, and through her conveyed to other members of the Executive Committee, and ratification of same shall be made at next regular meeting of the Executive Committee.

4. **Disbursements.** Benefits from the funds shall not be available until it has reached \$20,000. When the amount subscribed shall exceed that sum, such excess with the accumulated interest may be used, and when the fund has reached \$50,000 it shall be available for loans.

5. **Affiliated associations** shall be asked to collect and transmit data as to the extent of benefits provided for members, such report to be made yearly to the Relief Fund Committee, and at such other time as that committee may require.

State associations shall be asked to appoint committees to solicit contributions from individual members.

The report of the Relief Fund Committee was accepted.

The report of the JOURNAL Board of Directors was read by the president, Clara D. Noyes, who said in introduction:

I think this is the first year that the president of the Directors of THE AMERICAN JOURNAL OF NURSING has made an official report, and I should state that it has only been something more than a year that the American Nurses' Association has owned all the stock, so that they have hardly been in position to ask the president to give a report. To some of us who have been working with the JOURNAL for the past year, this may sound like ancient history, but for the rest it is only fair they should hear something of the work that is being done.

REPORT OF THE PRESIDENT OF THE BOARD OF DIRECTORS OF "THE AMERICAN JOURNAL OF NURSING"

Clara E. Rogers
Since the last annual meeting of the American Nurses' Association, four regular meetings, including the annual meeting of the stockholders for the election of the Board of Directors of the JOURNAL Company on January 15, 1914, and seven special and adjourned meetings, have been held.

At an adjourned meeting on January 16, 1914, it was voted that the president of the Journal Board be asked to present a statement embodying the annual report, as read, with data up to date at an Executive Session, with the intention of presenting it ultimately, at a business session of the American Nurses' Association.

Upon the election to office of the present Board of Directors of The American Journal of Nursing Company, two distinct pieces of unfinished business were transferred to them for completion; first, the reduction of the capital stock; second, the change of publisher.

Although the present Board felt that it had full authority to proceed with this business, its president felt that inasmuch as five out of the seven members were new, she would prefer delaying the proceedings until she had familiarized herself with the past history and status of the JOURNAL business. In order to avoid possible criticism of hasty action, she decided to once more present the questions for further consideration and discussion at the next Journal Board meeting, to which the stockholders were invited to be present, to be held at Atlantic City, June 24, 1913. This was done. After some discussion as to the reasons for the reduction of the capital stock, it was decided that the action of the Journal Board and the final authorization by the stockholders of such action was final, and that the business should proceed.

The question of change of publisher was again presented and fully discussed, and although the stockholders were not entitled to a vote at this meeting, the question was put to each member present in turn. All expressed themselves as being in favor of a change. The question was then put to the vote by the Journal Board and unanimously carried.

After some delay, the magazine was finally transferred to us with the September, or convention, number. It was printed and issued and although delayed a few days we believe that very few of our subscribers were conscious of the change. It is now eight months since the business management was assumed by the Journal Board, and we feel that as our number of subscribers has remained practically stationary and our balance in the bank has not grown smaller we have just reason to feel encouraged.

It would be impossible, in a report of this length, to give the enormous amount of work that was thrown upon the editorial office in Rochester, and show the skill with which it has been handled. It had been decided at a previous meeting to consolidate all the business in the Rochester office, and employ a business manager and such additional clerical assistance as would be needed to organize on a sound basis.

The result is that the dream, which was by no means a fantastic one, of many of those enthusiastic women, Mrs. Robb, Miss Deek, Miss Nutting, and later, Miss McInnes, Miss Delano, Miss Riddle, and others, has been realized. They labored unceasingly for the development of the JOURNAL, for its ownership by the American Nurses' Association, and finally for the complete control and business management by selected members of its own body. We, who are bearing some of the discomforts of a transition period, little realize the anxieties and responsibilities borne by these early workers. We have but to turn to the past history of the JOURNAL, and to the proceedings of the Associated Alumnae, as it was then called, to find the truth of this statement.

I should like to take this opportunity to call your attention to the splendid work done by my predecessors in office, Miss Delano and the secretary, Miss McInnes, during the period between 1911 and 1913, especially in increasing the subscription list. To quote from the report of the year 1912.

The total number of subscribers in	{ January, 1909, was.....	4,381
	{ January, 1910, was.....	4,381
Total increase for the year.....		00
In January, 1911, we had 5000 subscribers, an increase of.....		619
January, 1912, there were 6421, an increase of.....		1,100
Total increase from January, 1910, to January, 1912.....		2,119

Much of the credit for this gain can be given to Miss McInnes, who was then acting as Inter-State Secretary, and carried a "Journal Message" to thousands of nurses the length and breadth of the country. Wherever she went, she preached the gospel of the JOURNAL, while Miss Delano sent out hundreds of letters from her office in Washington. While this increase may not be due entirely to the work of these officials we feel that we should take cognizance of the conspicuous increase during this period. Nearly all of the JOURNAL stock was transferred to the American Nurses' Association, either by purchase or gift during this period.

My report would be incomplete without making mention of the fine work of Miss Palmer and Miss De Witt, who have borne with the responsibilities and the onerous and exacting labor consequent upon this period of reorganization. It should be remembered that we are

passing through a period of readjustment and that it is not possible to conduct as complicated a piece of business as the publishing of a magazine without considerable confusion, moreover, that it will probably take some time longer before the details are entirely satisfactory.

The Board is keenly alive to its responsibilities, and yet it feels that as the magazine is the official organ of the various nursing organizations, it is fully as much the responsibility of the individual nurse as it is that of the President or Editor to work for its success. The nurses own the JOURNAL, therefore it is their duty to support it, to work for it, and to stand loyally together when difficult situations arise, as they are bound to do in the life of every business.

The JOURNAL is capable of further development. The subscription list should be double what it is. The amount paid out in commissions for new subscribers and renewals is still entirely too much. We urge nurses to subscribe directly and not through agencies. The book-order department is not patronized as it should be, while the text matter is capable of development and improvement in many ways. It is the nurses themselves who must look to it that the magazine continues to succeed.

The Board of Directors takes pleasure at this time in expressing its gratitude to all those who have so loyally supported it in its action during the past year, and furthermore, it begs to state that whatever may be the ultimate fate of the JOURNAL business, the Board has been actuated by no other motive than that of serving the interests of the JOURNAL and the nursing profession.

The report of the President of the Journal Board was accepted.

The report of the Committee on Revision of By-laws was read by the chairman, Sarah E. Sly.

REPORT OF COMMITTEE ON REVISION OF BY-LAWS

It was recommended by the Board of Directors of the American Nurses' Association that the by-laws governing election of directors be changed to the former method of election, that is, to rotation in office; also that rules governing the appointment of the Relief Fund Committee and its duties be embodied in the by-laws. Since these proposed amendments were placed in your hands, the Board of Directors has further recommended that two directors be elected every two years, instead of every three years; also that the Committee on Revision of Constitution and By-laws be made a standing committee; also to strike out the proposed amendment in Article VII, Section 7, third paragraph, and substitute the original form, as contained in the printed by-laws.

The following changes are, therefore recommended:

ARTICLE III

Amend Section 1 by substituting the following:

The president, the first vice-president, the second vice-president, the secretary and the treasurer shall be elected annually.

At the annual meeting held in 1914, the six directors not elected as one of the above-named officers, shall be elected as follows: two for three years, two for two years and two for one year.

At each subsequent annual meeting two directors shall be elected for two years.

ARTICLE VII

Amend Section 1 by adding "(g) Relief Fund."

Amend Section 1 by adding "(h) Revision of By-Laws."

Amend Section 7, second paragraph, sixth line, by substituting "one nominee" for "at least two nominees."

Amend by adding Section 8, The Relief Fund Committee shall consist of five members, two of whom shall be the secretary and the treasurer of the Association. The work of the committee shall be defined by the Board of Directors.

The report was accepted and placed on file, but action on the proposed changes was postponed to the next business meeting.

Miss Walsh, chairman of the Committee on National Badge, reported as follows:

REPORT OF COMMITTEE ON NATIONAL BADGE

The Committee on National Badge reports that the work of this Committee has been of interest and of great value to its members. A report was submitted to the Executive Committee in January with designs suitable for a national badge. The Executive Committee reported favorably on this matter, and requested that designs be submitted for a pin at the St. Louis meeting of the American Nurses' Association.

The Committee submits samples of a finished pin, one with Guinea gold finish and the other with a Roman gold finish. The designs on both pins are identical. Water color drawings are herewith submitted, and because of the great importance, responsibility and natural interest attached to this matter, the Committee requests that discussion of this report be postponed until such time as the pins and designs have been carefully examined. The head of Florence Nightingale has been used as a suitable emblem for the National Badge in several of these designs. The prices range from \$1.75 sterling silver gold-plated pin to \$2.75 fourteen-carat gold.

The exhibits have been received from F. H. Noble and Company, manufacturers of jewellers' supplies, Chicago, Ill., and J. E. Caldwell and Company, of Philadelphia, Pa.

The report was accepted.

Miss Wheeler, chairman of the Education Committee stated that the committee had no formal report to offer, that it had desired to take the matter up with the League of Nursing Education and have a report uniform with theirs.

The Committee on Resolutions was appointed by the President, as follows: Lila Fickhardt, Pasadena, Chairman; Mrs. Breaux, New Orleans; Miss Garrett, Philadelphia.

Tellies were appointed as follows: Florence Johnson, New York; Mrs. Mitchell, Los Angeles, Cal.; Eva Mack, Chicago.

The president, Miss Cooke, called attention to the pledge cards which had been sent to the associations, asking for contributions toward defraying the expenses of the 1915 Congress of Nurses, and asked Miss Goodrich, president of the International Council of Nurses, to explain the need for such a fund.

Miss Goodrich: I can only tell you it cost \$2000 in Cologne. They charged for programs and some of that money came back. I do not know what would be determined about that here, but I do know that whatever money was raised in Cologne will certainly be raised in the United States for such a great occasion. Nobody could listen to the superb report of the work which nurses have done without being thrilled, and, on an occasion when we are going to entertain hundreds of foreigners and learn from them about the nursing work throughout the world, as well as hearing about the work of American nurses in other countries and of English and Canadian nurses, we cannot fail to believe that any money we can put into the occasion will be well spent. But I want you to be discriminatingly generous, because we are going to do something else that will not be taken into consideration in the pledge of today. I want you to remember that we are going to present a Memorial, which we hope will take the shape of a chair in a college, for our founder, Florence Nightingale. We hope this will be a most memorable and extraordinary occasion. We will tell you more about this at another meeting, but we were afraid that you might confuse the two, under the pledge for current expenses. We will not ask for pledges for the Florence Nightingale Memorial today, but I may tell you that the plan is that the president of every state association shall be a member of the Florence Nightingale Memorial Committee, so that the work will be carried on in every state. In states where there are no state associations, some prominent women will be selected. Details will be presented later, but it is well to keep in mind that in making pledges we have to remember that the associations will have to send delegates across the continent next year (and they all must send delegates) and that there will be these expenses to meet, and we want a splendid contribution to the Florence Nightingale Memorial. It is proposed to ask every woman in every institution for a contribution, but of course the current expenses will come from the associations. The chairman of the Arrangements Committee, Dr. Criswell, is already at work in California, and the California State Nurses' Association is up and doing, and has already contributed \$200 for campaign expenses.

We wanted to make clear at this time, that we are not pledging now for the

Florence Nightingale Memorial, but for the current expenses entailed by the meeting in San Francisco.

After pledge cards had been distributed and collected, the meeting was adjourned.

THURSDAY EVENING SESSION

JOINT OPENING SESSION OF THE THREE NATIONAL ORGANIZATIONS THIRD BAPTIST CHURCH

The evening session was opened with prayer by Rev. W. J. Williamson.

The address of welcome was given by Chancellor Hall of Washington University, St. Louis.

ADDRESS OF WELCOME

Aware as I am of the dignity and honor attached to the duty of extending to you a welcome as a body, yet it is with a certain degree of reluctance that I now enter upon that assignment, reluctance lest I may fail to reach that high plane which should characterize the deliberations of a company of workers whose occupation is so serious as that which you follow.

The City of St. Louis extends to you hearty greetings, and though no key of gold may be presented to you as the symbol of admission to its municipal buildings, yet rest assured that there is not a house within the confines of this city whose doors will be closed against your entrance when there is need of skill to bind or gentle hands to soothe. Few are the homes, indeed, which at some time have not invited members of your profession into their midst. The nurse wins the affection of many a grateful patient and finds an honored place in every heart. Time was when little was expected of her beyond that she be cool headed in emergencies and endowed with sympathetic interest which comforted the sick and lightened the distress of his condition. But in the advancement made in the study of medicine there has also been a corresponding advance in the requirements of the nurse, until today the trained nurse often has a knowledge of facts surpassing that possessed by not a few of the physicians of half a century ago. Medicine is now classed among the exact sciences, and the trained nurse not only should but does carry into the sick room a well-stored mind as well as a soothing touch. She has lost none of those kindly dispositions which once won all hearts to her, but she has acquired in addition that knowledge of facts and that intelli-

gust experience which enable her to supplement the physicians' prescriptions with a disciplined judgment.

Those who today in misfortune or in a hospital have the good fortune to employ the services of a trained nurse have this, at least, to be grateful for, that if they are helpless, that calamity has befallen them in a time when all that science can suggest and dexterity and skill can accomplish is put at their disposition and used on their behalf.

Not infrequently, or to put it more accurately, occasionally, at least, the prolongation of life itself rests with the nurse, for a crisis may arise too imminent to allow even the summoning of a doctor, and the responsibility for immediate action rests entirely with the nurse. It is for this reason and for the reason that intelligent help is needed to further the aid of the physician and surgeon that public attention has been attracted in the last few years to your occupation as never before in the history of the world.

This is the reason why the Medical Department of Washington University, as well as every first grade medical school in the country, has in its plans for improvement and enlargement an endeavor to provide every facility for the proper training of nurses, and Washington University expects within one year, or within two at the furthest, to add to its present equipment a building which will be devoted exclusively to the use of nurses, where they may find a commodious and cheerful home life, aloof from their professional duties.

Your tasks as nurses are exacting. You deal with people when they are in abnormal situations, and when they are rarely their real selves, and you have to stand at their hands many things which those who know them only in their health cannot comprehend.

I should not, I suppose, confine my remarks to the sick room and those things which concern the treatment of the sick alone. I would not omit to mention that splendid service which is now being done to prevent illness, to prevent accident, to preserve health and so to rid ourselves of the need of the services of physicians and nurses to some extent.

The duties of your position require as necessary adjuncts to your preparation balance and tact; and that professional etiquette which locks the patient's secrets in the doctor's breast, should also seal the nurse's lips against retelling private family matters which may come under her cognizance.

But why dwell on these things already so familiar to you all? Philosophy, Christian philosophy at least, emphasizes the principle that a life of service is the only life really worth while. Learning is enhanced in value as its possessor desires to share it with others. Riches are omitted as they lend help to those less blessed. Character grows noble

in proportion as it spreads its qualities among neighbors. If service be the most worthy ambition which one can entertain, then you who follow your particular calling have reason to congratulate yourselves that you are engaged in that which enriches your life by presenting aid where aid is needed. And it would seem to an outsider that with such splendid privileges for preparation, with such assurance of steady employment, with such fair remuneration in sight, and above all with the opportunities which are presented for the realization of a commendable ambition in giving one's life to the service of others, this profession would appeal to a greatly increased number of physically sound and mentally well-balanced young women. Here is a field where the woman has undisputed sway, for rare indeed is the man who dares enter into competition where gentleness is the supreme art.

During this convention, learned papers will be read in your hearing on subjects of vital importance, and serious discussions will be carried on. You will have the privilege of listening to leaders in the profession of medicine and leaders in the various phases of your calling, leaders who are so deservedly, with wide reputation, well-earned and well-established, and these will give to you advice and will impart information which will hold your attention and will help you in your future work. The citizens of St. Louis count themselves fortunate in the honor of your presence, and we confidently expect that the result of your discussions and your deliberations will be to create an interest, and intensify the interest now existing, in what we are trying to do here for our municipal problems.

In behalf of the city of St. Louis and of the University which I represent I extend to you most hearty greetings and expressions of hope that your stay among us may be most enjoyable and profitable to every member of your combined organizations.

And I confidently expect and hope that the result of these deliberations and discussions will elevate in your own homes the dignity of the calling which you have chosen. Let the key word of all your public discussions and your private ambitions be "service," and then will you most nearly realize that life which finds its chief reward in the consciousness of having left the world a little better by its efforts.

RESPONSE TO ADDRESS OF WELCOME AND PRESIDENT'S ADDRESS

By GENEVIEVE COOKE, R.N.

A scrap of the foundation history of this Association recently came into my possession and though it covered but one typewritten page, it spoke volumes.

For some time, it seems, superintendents had realized a need for an organization of national scope that might bind the young alumnae associations together for mutual good. Toward this end, a conference was held in the early fall of 1898, at which there were some fifteen superintendents and nurses present. That small number of representative women, several of whom are with us this evening, constituted what may be termed the van-guard of this organization which, today, numbers many thousand members. How readily one can picture in mind that group of earnest, far-seeing founders of the American Nurses' Association! Truly as I look on this gathering tonight I am inclined to believe that "they builded better than they know."

The history of the expansion of the organization has been recounted from time to time, and honor is due the founders and their worthy successors, for its steady growth. It is not my purpose to review that history, but in opening this, the Seventeenth Annual Convention, I am impressed with the evidence here manifest, by the scores of nurses in attendance, that there was need for this national union, and I am inclined to believe this need will increase as the years pass, and the house of delegates of the American Nurses' Association will become the great clearing house, if you please, for the vital problems that weigh upon the separate organizations.

Article I of our Constitution states, that we are banded together for the purpose of elevating the standard of nursing education and to promote the usefulness and honor, the financial and other interests of the nursing profession. If you will read that short article carefully, you may interpret a wider adaptation of its meaning than has yet been brought into use, and perhaps, at this time, we may recognize fuller opportunities for promoting the usefulness and honor, the educational, financial and other interests of the nursing profession.

Please consider how many groups of nurses may today be struggling with problems, which a vote or a resolution passed by these delegates in executive session would ease tremendously!

The nurses of New York State, for example, have once more undertaken to blaze a trail for nurses of the world, through their determination to secure a legal and educational status for the simple title nurse. Their recent campaign failed, but their convictions are firm, and if they do eventually secure this title, alone and exclusively to pertain to "a practitioner of nursing," then every other state must follow their lead. I trust that Miss Goodrich will lay this whole problem concisely before you some time during the week, as I believe this will be one of the best means for spreading the gospel, so to speak, for each delegate and visitor may, in this way, be prepared to enlighten the home group and open the way for the next forward move.

From the opposite side of the continent comes an equally important measure, the eight-hour law for women workers, recently passed in California. This law includes pupil nurses within its provisions, and is of vital interest to hospitals, training schools and the nursing profession. I believe we are to have a paper devoted to that subject in one of our sessions.

Each of these two measures, The Nurse Practice Act of New York State and the Eight-Hour Law for Student Nurses in California, I believe merits the earnest consideration of this body. Other state societies may have equally important problems with which we, as an organization with representation from every state in the Union, should be made acquainted. That there is a greater economic struggle in the nursing world today than ever before is, I am convinced, apparent to all who come into direct touch with nursing organizations.

Many groups of nurses are taking definite steps, in fact, they have found it necessary, to safeguard their financial interests. A local or county organization may appeal to the state organization for endorsement and support in any problems that weigh too heavily to be borne alone. To whom, I ask, shall the state organization appeal, but to the House of Delegates of this great American Nurses' Association? I use the term House of Delegates, despite the fact that it does not appear in our by-laws, but I think you will agree with me that this term conveys an impression of a unified group, concentrating on matters of national interest and importance to our profession better than does the term "delegates in executive session;" I should like to see this term adopted by the delegates during this convention. The very fact that all through the years since our national association came into being, our main energies have been centered on fulfilling that part of our constitution which pertains to "elevating the standard of nursing education," should clearly demonstrate to all the true, in-born purpose of the founders of the Association, and the desire of the profession, as a whole, to be prepared to render the best possible service to the sick, and to meet the need and ever-growing demand of the public health service.

Since the early years, however, numerous correspondence, and other inferior, short-course, commercial nursing institutions have come into existence; these yearly turn out young women by the hundreds, to compete with the legitimate nurse, and today in some parts of the country I understand, these women have become an actual menace to our members; consequently I ask this question: May we not at this time, carefully consider that part of our constitution which may safeguard the economic interests of our members? Please note that I use the term members, not the inclusive term—Nurses. Shall we not, as a national

body, soon have to answer that oft-heard question: "What will the Association do for me, what benefit am I to receive through my membership?"

Many, many nurses, we know, actually slave for the welfare of the profession; these women never consider the personal cost, nor do they look for gain, except to the profession as a whole. I believe, however that it is safe to say, that two-thirds of the members of each organization are of a different turn of mind, and I believe there will ever be a large proportion of members whose only incentive for affiliating with an organization is for self-protection and a fancied, or real, financial advantage. Consequently, does it not behoove us as a national body, and this applies to the states as well, to study carefully whereby we can be of the greatest economic service to our membership as a whole? Especially to that two-thirds, which is really not interested in the educational problems with which the other one-third constantly struggles? Would such consideration not tend to weld those two-thirds of the membership more closely to the organization and, possibly, enlist their interest later more actively in, and add their strength to the support of our other measures? Have we not reached the period in our existence as a national organization when we may justly be called upon to weigh some of the vital problems with which isolated groups of nurses are struggling? Shall we not pause and give ear to the economic struggles of many of our worthy members? The house of delegates of this Association is the supreme executive body of nurses in these United States! Think what weight the vote of this body might carry!

Does each affiliated organization, on the return of its delegates, from state or national meeting, receive a stimulus which advances its work, broadens its interest, and adds substantially to its membership during the year?

Do the subscriptions to our JOURNAL increase perceptibly after each state and national convention? If not, wherein lies the responsibility? Has the delegate failed to gain substance for an inspiring report to her home organization? Has she been inattentive, or has she simply accepted the office of delegate, as one affording her the pleasure of meeting old friends, forming new acquaintances, listening to interesting papers and discussions, without any due sense of her obligation, to be prepared to convey to her associates at home all of value that she can glean from these sessions? I shall not presume to answer these questions, the answer must come from the conscience of each individual delegate.

We know that the aim of the American Nurses' Association is to stimulate interest in organization affairs, and to extend our field for service, both to the public and to our profession. If, however, we fail to

secure proper results in the affiliated organizations, should we not endeavor to ascertain wherein perchance our policies or our efforts may be deficient?

Part of our educational work is, and ever will be, to acquaint the general public with the high ethical and educational aims of our profession, and to demonstrate through the daily life and service of our members, just what constitutes ethics in the nursing world.

Chief among the educational interests of our National organization is our AMERICAN JOURNAL OF NURSING and our Isabel Hampton Robb Scholarship Memorial. How encouraging to the young nurse of high aims and studious habits to anticipate that she may possibly be honored with this scholarship and the splendid avenues for service which it can open to her! And as to our JOURNAL, the growth of this Association, and in fact its very existence, would have been impossible without it. Appreciation is due to the splendid women who serve our interests faithfully in the directorate, and especially is appreciation due these two women who are ever at the helm of the JOURNAL and hold it steady through troubled times. Our JOURNAL has it in its power to open new avenues of service to the profession, and to create a coöperative and professional spirit among our members, forceful and promising, far beyond the fondest hopes, of its founders. One of its chief values to us and to the public is the relation which it establishes, between our profession and the public; in this relation it is very essential that the editorial department of our JOURNAL should always be represented at our national convention, and at other gatherings of note, the better to serve our interests and the more spontaneously to stimulate our membership. This will tend to increase the number of our subscribers which is an important factor in the educational work of the JOURNAL. Should we in any measure be satisfied with its growth, as an educational medium or, as a financial interest, until we know that it reaches a large majority of the members of this great national organization to which it belongs? Its growth and part of its value, however, as an educational medium and as a financial interest, is largely dependent upon the interchange of nursing news which it is able to carry on for the scattered groups of nurses throughout this vast country, and a very important factor in this, is the timely presentation of such news.

I trust that the delegates may recognize in some of the questions touched upon in this paper, matters sufficient and worthy for their official consideration during a business session, and now, as I close, I wish to extend to you most cordial greetings from California and to assure you of a very warm welcome to San Francisco in June of next year, when our great International Congress of Nurses will convene at the very entrance of the Golden Gate.

**ADDRESS OF THE PRESIDENT OF THE NATIONAL LEAGUE
OF NURSING EDUCATION****By CLARA D. NOYER, R.N.**

We meet this year as the National League of Nursing Education, in conjunction with and as a definite part of the American Nurses' Association for the second time, but as a body of workers responsible for the education of women for the profession of nursing, we meet for our Twentieth Annual Convention. We are fast approaching our majority, and is it not fitting that we should celebrate this important event next year in San Francisco, in conjunction with the International Congress of Nurses and the Pan American Exposition?

At the risk of being wearisome, but for the information of the newer members, I desire once more to emphasize the importance of the coalition of the three societies. At no time since the branch of this society which I represent, came into existence, and the League represents the parent stock, has there been greater need of this form of organization or greater need for unanimity and oneness of purpose.

We are constantly called upon to safeguard and protect our schools and educational standards from those who cannot or will not see the importance of such. As the pupil is the unit in our profession and as all forms of nursing work are looking anxiously for the best prepared and ablest nurse, so it becomes the duty of our organizations to stand shoulder to shoulder in their efforts to maintain our standards and work for higher ones, and thus preserve our solidarity.

If that which I say to you today seems to lack originality and to be merely a repetition of that which has been much better said upon previous occasions, I implore your patience, for have we not still with us "like the poor" all of our old worries and perplexing problems, in addition to a few new ones which each succeeding year brings.

The constant broadening of the nurses' field of usefulness and activity, particularly in the more recent forms of public health, and social service nursing, has brought new responsibilities to us and the schools we serve and which we do not seem to be able adequately to meet. We appear to need a new type of nurse with peculiar gifts and special knowledge and preparation. Does it mean that our entire system of nurse education must undergo a complete readjustment to meet these new and interesting demands? As all other systems of education appear to be under the search light of criticism and investigation, so may we expect our system, which has been characterized by certain well-known features as really no system after all, to be subjected to the same attack. During our deliberations of the next few days, we expect to have many of these questions presented by those who are in a position to discuss them

with full understanding and authority. We must bear in mind, however, that as long as our schools are dependant upon the wards of hospitals for use as special laboratories for our student nurses, the vital problem of the care of the sick and injured becomes for us a very grave responsibility: the relation of the pupil to the hospital and the duty of the hospital to the nurse; to what extent should the medical staff use the pupil in scientific work? the relation of the members of the medical staff to the school and pupils? There are all delicate questions, calling for a nice adjustment of our daily relations with such bodies and they are bringing many additional wrinkles to the brow of the busy women at the head of schools of nursing. Let us not lose sight of these very practical difficulties, even though we are filled with enthusiasm in contemplation of the more dramatic forms of nursing and public service.

The various funds for which we have made ourselves responsible still claim our interest and our contributions. We now have a new and peculiarly interesting obligation laid upon us, the Florence Nightingale Memorial Fund, one in which all nurses should count it a privilege to share. It is proposed that we shall present our offerings at the San Francisco meeting next year, with appropriate and significant ceremonial. Those who have had the pleasure of reading, during the past months, the *Life of Florence Nightingale* by Sir Edward Cook, have a quickened interest in and a keener appreciation of the fact that from the vision and commanding genius of this remarkable woman, all forms of nursing and social work seem to have emanated.

We still hear much about the provision of skilled nursing for the family with the moderate income. Nursing organizations and all thinking women of the profession have given this subject much thought for many years. As it is a question which concerns all members of society, as well as the nurse, is it quite fair to expect the nurse to bear the entire burden of its solution? Looking at it from the economic side entirely, does it seem quite logical to expect one class of wage earner to contribute time which has a definite cash value to another group of individuals of perhaps the same wage-earning capacity? Have hospitals done as much as they should in this direction? Is it not true that the very poor find ample provision made for them in the open ward, and the very rich have no trouble in securing a private room at prices ranging from \$4 to \$10 per day and even higher? Have many institutions made provisions for comfort and privacy for the individual of small or moderate income, one who can afford to pay from \$12 to \$18 or \$20 per week? Would not a system of nursing insurance or the "sliding scale" of prices, or the provision of a less highly-trained group of workers be factors worthy of study and thought in the solution of this important and perplexing question?

Since our last meeting our JOURNAL, which Miss Melcane last year characterized "as the greatest problem which our associations must face," and of whose Board I am the unhappy president (and therefore, I beg your indulgence while I speak of it) is now printed and published by the American Nurses' Association. It had long been the dream of many members of its succeeding boards of managers that not only should the American Nurses' Association own the JOURNAL, but that it should assume its business management as well. This change has finally been consummated.

Since our last meeting, a new magazine *The Modern Hospital* has made its bow to the hospital and nursing world, edited by some of our ablest hospital superintendents, and containing a department of nursing under the editorship of Miss Riddle; it cannot fail to be a most timely acquisition to our professional literature.

For two years, a committee from the American Hospital Association has been working upon a plan for "grading" nurses. As far as it can be determined, it is an effort to classify the enormous body of women calling themselves nurses; trained and otherwise, and put them into definite groups. Those who have struggled with the effort to amend the Nurse Practice Act in New York for the past two years are convinced that the best way and only way to clear the existing confusion, is to restrict the use of the word "nurse" to those properly prepared, putting all others into a class of workers called by some other name, for whom due provision for preparation and subsequent protection shall be made.

We shall hear at these meetings something about the practical results obtained, after a year's trial, in California, of the famous "forty-eight hour" law which affected the student nurse. While many of us are filled with very deep regret that the long working hours, which have very generally prevailed in hospitals, made it necessary for an outside body to "deliver the pupil from bondage," yet we are sufficiently honest and courageous to publicly acknowledge that a radical action of this kind was unquestionably required to arouse those in authority in hospitals and training school boards, and even the superintendents of such themselves, to the fact that some attention must be paid to this burning question of long hours.

The Department of Nursing and Health continues to increase in importance and efficiency, and hospitals and training schools are looking anxiously toward it for competent and well-prepared administrative head and instructors. Each year we have more and more borne in upon us the magnitude of those wise women who had the vision to see the necessity for such an institution. For, after all is said and done in the way of legislation, is it not the educated, cultured and well-prepared woman,

placed at the head of a school, who makes a good school and ultimately sends out well-taught and carefully-prepared nurses? Is it not too often true that a pupil is no better than she is, because the head of her school is no better? And is it not also true that the character of the faculty of a school determines its efficiency and standing? Therefore we must count the support of the Department of Nursing and Health as our most sacred responsibility.

In facing the changed conditions in all nursing activities, in teaching methods and in social and industrial conditions, which seem to be making new and unexpected demands upon the members of our profession, we must also bear in mind that the character of our organizations has also changed. The phenomenal growth of such in interests and numbers has created conditions that in the early days were almost undreamed of. There must be machinery, and this must be at work throughout the year. The work of the various committees, especially the Program Committee, is becoming a ponderous piece of work. In some instances, salaries are paid; this is quite right and proper, for our work must be done, but in this lies a danger, remote as it may seem. I speak of the danger of political preferment, which is inevitable whenever salaries are paid. The importance and size of our organizations bring also the danger of self-seeking for the gratification of personal ambitions. Our societies have always been singularly free from nursing politics in the past, and if we would maintain our solidarity, we must promptly prune out such unhealthy growths should they show a tendency to sprout.

It is well for us to give pause and at this time recall the spirit of self-sacrifice and devotion which has always characterized that group of gallant women who have, from the very first meeting, until the present one, been the "bone and sinew" of our societies. They have counted not the cost either in time or strength or money. They have brought to each succeeding meeting added experience and knowledge that we less experienced workers gratefully draw upon for inspiration and counsel. Let us then, without hesitation, bring our problems to these meetings not solely for the purpose of securing help, but with the intention of giving such. Let it be a season of mutual exchange of experiences and may we, at the conclusion, return to our daily tasks stimulated and refreshed and with a deepened sense of our responsibilities, not only to our pupils but to all members of society whom it is our privilege to serve.

The president announced that as Miss Gardner, president of the National Organization for Public Health Nursing, was unable, through illness, to be present, Edna L. Foley, vice-president, would give the president's address in her place.

**ADDRESS OF THE VICE-PRESIDENT OF THE NATIONAL
ORGANIZATION FOR PUBLIC HEALTH NURSING****By EDNA L. FOLEY, R.N.**

The very real pleasure which we all feel in coming at last to St. Louis, a city that has asked us so often, is attended with a sincere regret that neither of our presidents is here in person to respond to the greetings which have been extended to us. I am glad to have two telegrams to read to you, but typewritten yellow slips inadequately present the inspiring presence, the contagious enthusiasm, the splendid quality of the leadership of both of our absent associates!

Miss Wald wires: "Please present to our comrades assembled in convention my greetings and my good wishes for a successful program. I regret exceedingly my inability to be with you all."

It is pretty fine to be called a comrade of Lillian D. Wald. As public health nurses we owe an impayable debt to the vision that led her, twenty years ago, to go down among the poor in the congested districts of the lower east side of New York to work among the sick, and give them the best of her nursing service, for it was this experience that gave her the background that made her so constructively aggressive in her defense of little children, overworked women, and misunderstood, down-trodden immigrants and fellow citizens. To each of us is given the privilege of becoming a citizen of the United States, to few of us is it given to render such an account of our stewardship as has been granted to our comrade and absent honorary president, Lillian D. Wald.

I am very glad to be able to tell you that Miss Gardner, our beloved president, is much better. She has wired us her greeting, which I have here: "Greeting and all good wishes with the deepest regret that I cannot be with you."

It is impossible to describe to those not fortunate enough to know Miss Gardner, the personal charm and qualities that make us who do know her love her so devotedly. Perhaps it will suffice to say that with sincere flattery we are trying to imitate the little association she has worked out in Providence, which is one of the most perfectly organized in the United States.

I wish that both Miss Wald and Miss Gardner could be with us, because we feel so heavily the debt we owe them both. Our Association is but two years old and has been enormously successful for that time. We have 1000 members, individual, associate, corporate and subscribing. This shows the number of people interested in the nurses' part of the great public health campaign.

Public health nurses indeed owe a great debt to Miss Wald and Miss

Gardner, but perhaps there may be some nurses here who do not know what I mean when I say public health nursing. What is a public health nurse? A public health nurse is a product of evolution. She has developed from the old-fashioned district or visiting nurse, who visits and nurses the sick, poor patient in his home. She is still that same visiting nurse and also, according to the demands of the community which she serves, a public school nurse, an infant welfare nurse, a tuberculosis nurse, a hospital social service nurse, a sanitary inspector, a truant officer, a social worker, a visiting dietitian, and even a midwife. We hear a great deal about missions and missionary enterprises nowadays, but we are too apt to think of missionaries as people set apart in some mysterious fashion to perform noble acts of self sacrifice in foreign lands.

We must not forget that our most honored and beloved founder, Florence Nightingale, would have had all nurses set apart as health-missionaries—a high calling indeed and one that should bring out the very best service which we are capable of rendering. Public health nurses, especially, have a heavy responsibility in their chosen field, for they are privileged to enter the homes of our less fortunate neighbors, as well as the home of the average citizen, who, by virtue of his office, may receive for his family the advice and ministrations of the municipal public health nurse. All homes should be open to us, for it is by conservation of the health of all of its citizens that a state makes provision for its future.

Public health nurses should be as much interested in helping the Federal Children's Bureau as they are in obtaining state registration for nurses, for we are workers together in a great cause, and to increase the efficiency of our own workers is not sufficient. Public health nursing is not merely an occupation, it is more than a profession, it is a vocation, a consecration of our best and most earnest efforts in a world-wide campaign for the recognition of the sacredness of human life and the right of every citizen to a healthful, happy existence, spanning the seven ages of man.

This is a big contract that we have undertaken, but with the help of our friends here in St. Louis, and everywhere else in the United States, with the hard work which we are pledging ourselves to give in our chosen field, we know that we are going to fulfill to the letter the terms of our self-imposed contract.

Miss Goeman: In response to a letter from Miss Wald, concerning the appropriation asked from Congress, for the Federal Children's Bureau, which appropriation it was said was to be cut, a resolution was drawn up to be sent to Congress with the approval of these joint organizations. The resolution is as follows:

Whereas the conservation of the health of the child is of the most vital concern to the nation, and

Whereas the investigations of the Federal Children's Bureau have proven of great value to the nurse in public health work, and

Whereas the nursing profession is not less concerned with the promotion of health than with the care of the sick,

Be it Resolved that the American Nurses' Association, the National League for Nursing Education, and The National Organization for Public Health Nursing, in convention assembled at St. Louis, Mo., on this the 23d day of April, 1914, urge that the amount requested for this Bureau be appropriated by Congress.

The resolutions were approved by those present.

The secretary of the American Nurses' Association, Miss Krueger, read a telegram from President John H. Finley, Commissioner of Education of the State of New York, in response to the congratulations extended to him by the association through its president, at the time of his recent inauguration.

An address was given by Surgeon J. O. Cobb, of the United States Public Health Service, on Potential Influence of the Nurse in the Health of the Nation. (The text of this address has not been forwarded to the Journal for publication.)

A rising vote of thanks was given the speakers who had addressed the meeting and the session was then adjourned.

FRIDAY MORNING, APRIL 24

SPECIAL SESSION, RED CROSS NURSING

REPORTED BY MARY E. GLADWIN

The number of Red Cross pins worn by the nurses in attendance at the St. Louis convention was noteworthy as was also the appearance for the first time, of a goodly sprinkling of service bars. More noteworthy, however, than the appearance of pins and service bars was the spirit in which the nurses came together. The whole country was anxious over the Mexican situation. There was a continual calling of "war" extras. Miss Boardman and Miss Molanac had been unable to leave Washington. All the nurses knew that Miss Delano might find it necessary to return at any moment. In spite of all these things, the Red Cross nurses were quiet, self-contained, free from excitement. As one looked into their earnest faces and listened to their eager questions about equipment and preparation for future service, one could not but realize that these women had the Red Cross ideal of service and that any future emergency work was in safe hands.

The National Committee on Red Cross Nursing Service met on Friday, April 24, the officers of the three national organizations having been invited to attend by a unanimous vote of the committee. Misses Goodrich, Cooke, Clements, Crandall, and Foley were present. Many subjects pertaining to the present situation were discussed and many valuable suggestions made for the equipment of nurses for emergency work, hospital requirements, first aid classes and the betterment of the nursing service.

Immediately after the meeting of the National Committee, Miss Delane presided over a meeting of all the Red Cross nurses present in St. Louis. The nurses knew that their "Chief" was returning to Washington and were anxious to hear her plans and to ask her advice. Twenty-eight state committees on Red Cross nursing service were represented, many of them by several members.

The service uniform planned for the Red Cross nurses was displayed and received enthusiastic approval. Every detail of the blue cotton crepe dress, the soft white crepe collar, the white cap with its tiny Red Cross, the blue cape with its red lining was eagerly discussed. State committees were asked to prepare lists of hospital schools which fully met the requirements of the Red Cross. Committees were also asked to prepare lists of nurses fitted to act as superintendents, head nurses, and dietitians. The nurses were unanimously of the opinion that all nurses who might be ordered South should take the prophylactic treatment for typhoid.

Through all the discussion ran one note, it sounded clearly through all the wise words of the presiding officer and in all the questions and debates of the nurses—no emergency, however great, no popular excitement or hurry shall be allowed to injure the standards set for the Red Cross Nursing Service by the hard work of the past.

PRIVATE DUTY NURSING

The president asked one of the private duty nurses present, Elizabeth Goding, to preside. The following papers were presented:

OBSTETRICAL NURSING AS A SPECIALTY

By ELIZABETH FINERACK

When I was asked to speak on the subject of obstetrical nursing as a specialty, I felt that an opportunity had come to put the subject fairly before a large number of the profession, where heretofore I had had to

content myself with speaking merely to the individual, on this subject so near to me; a phase of nursing full of usefulness, far-reaching results, as well as happiness to the nurse herself, and much of that normal form of life which is unfortunately rare in the experience of the general private nurse.

With the exceptions that are common to all forms of occupation, the profession is, as a whole, made up of women who are devoting themselves not only to earning their living, but to earning it in such a way as to bring the richest returns to those they serve, and gaining for themselves happiness, even though of an impersonal sort, a healthful form of work and growth mentally and professionally. Considering the obstetrical specialty from any one of these standpoints, the balance must certainly always prove fair in its favor to any nurse endowed with adaptability, tact, a sense of humor, and with the love of a baby in her heart. That specializing for the nurse is of as great advantage as to the doctor, is commonly agreed, I think, and I know of no specialty which so enhances her value, and broadens a woman in every way as this, professionally and personally.

In a more technical sense the obstetrical nurse's work comprises three distinct phases of nursing: surgical, often medical as well, and infant nursing, which includes the broad subjects of the feeding and training of babies.

In the present day of a decidedly rigid and elaborate obstetrical technique, a nurse must be so thoroughly in training for her work that she has full opportunity to retain all alertness of mind and deftness of hand that are required in ordinary surgery, as well as to keep in touch with new details of surgical treatment. The after care of mother and baby is one of constant surgical watchfulness. In the usual operative case there is present a wound, and when the patient passes from the surgeon's hands to the nurse's care, that is amply protected, and even if it is subjected to frequent dressings, the nurse has but one point of possible infection to consider. In obstetrics, we have several possible points of entrance by which infection may quickly change a physiological condition into a pathological one—breasts and vaginal tract on the part of the mother; and eyes, nasal and intestinal tract on the part of the child. The nurse who gives with intelligence and skill the surgical care that even the normal obstetrical case requires, need have no fear of losing her cunning for other surgical work.

Medically, there are often emergencies, which demand all a woman's knowledge of medical care and treatments, and which give, in return, a broad working knowledge of acute medical conditions. Whoever has had charge of an eclampsia for example, or a bad albuminuria or toxic

case, and can feel that there is anything of medical knowledge, which she can, as a nurse, have and not use, must be an unobservant woman. Trivial medical conditions are often met with, and critical ones, on which hang issues of life and death, frequently enough to require an able working knowledge of medical nursing.

On the last of the three aspects of the specialty, infant feeding and training, I wish to lay the greatest emphasis, for there is infinite opportunity to bless these one cases for, in the proper ministering to a new-born child. The question of securing to the baby breast-feeding, if possible, is of paramount importance. I speak from nine years' obstetrical experience, when I say that I have never had to urge a mother to feed her young baby, if she could, but heavy demands are often made upon a nurse's tact and skill here, in providing unobtrusively for the mother, through her invalidism, the conditions conducive to successful nursing: quiet, rest, freedom from care and emotion so far as possible, proper and full diet, and then teaching her to secure these things for herself, when she is no longer a nurse's charge. If artificial feeding has to be used, the necessity for knowledge and experience, and the field for unceasing study and intelligent, observant work is without limit. In this work of infant feeding, more than in any other aspect of the specialty, beware of narrowness and fads. Success lies, if the feeding is left to the nurse, in feeding the one individual baby according to its own needs, and not being bound by any one theory or form of feeding.

Of equal importance with proper feeding is the question of the child's training, and it begins the day it is born, no later. A clock-like routine, comfort in every detail, an abundance of sun and out-door air, and love without measure, form a little of the obstetrical nurse's duty to the new life she is privileged to guard, and aid the baby's own wise instincts for right living, and a well baby is, with right care, always a good baby. I might almost say these subjects of the care and feeding of the child assume the aspect of preventive nursing in a marked degree, for in the first three months are laid habits of sleep, good digestion and content with a quiet, strict routine, that go, very often, to make the difference between a strong child and a frail one.

In addition to the actual gain in professional knowledge from an experience so broad as this specialty gives, is the gain of contact with the better men in the medical profession. Of course this is no truer of this specialty than any other, but the fact remains that concentrating on one subject enhances the nurse's value infinitely, and she will soon find that the best type in the medical profession is seeking her services in assistance. The gain to the nurse by such contact is unmeasurable.

Of the gain in a personal sense, to the obstetrical nurse, I can scarcely speak too strongly, and I speak whereof I know, as my lot both in institutional work and private duty has been among obstetrical patients for eleven years.

One of the usual reasons given by a certain superior sort of younger woman, or a narrow older one, for not taking obstetrics, is that it is too hard. To any one who knows the work, that is wholly untrue from the point of view of any nurse of average health and strength, and no other type of woman should be in the profession. Aside from the first two, or possibly under rare circumstances, the first three weeks, the obstetrical nurse's work is easier than the work of the general nurse. The obstetrical nurse who works wisely and successfully recognizes the demands on her time and endurance of those first weeks, and lays aside all other things, devoting herself wholly to her work, and doing nothing in her rest hours that does not further her strength and ability, mentally and physically, toward doing good work under the stress of over-busy days, perhaps. The remaining weeks of an obstetrical case, whether they are two or ten, are usually not excessively hard. The duration of the usual obstetrical case in any average community is, I think I may say, about six weeks, which gives one three weeks of very easy nursing, with a fair amount of rest and recreation, and time and strength for a little of one's own life. The days or weeks of waiting for a case, before labor begins, and the period when convalescence is far advanced, are full of opportunities for gain; many times the cases will go on for a longer period, though I doubt the wisdom of a nurse who specializes and is in good health, making a practice of prolonging her cases beyond three months. These weeks, when a nurse may have from one to four or five hours a day to herself, though she must be on duty, are rich in opportunity. If you will pardon a personal aside, I may say that in the last nine years spent in private duty obstetrics, I have tried to use these leisure hours to some advantage, and have taken little courses of definite study in various directions. One winter I took a course of delightful reading on the history and art of the French Renaissance; one summer I spent the leisure on the Hanoverian reigns in England; for more than a year I was occupied with the literature of the art of etching and engraving, aided by the museums and art galleries, in my time off duty. These are a few of the subjects of which I have been able to grasp at least a little knowledge, in minutes otherwise unused, and they have made life richer and fuller with an impersonal pleasure which no force of circumstance can ever take away from me. In addition to this merely personal gain, is the value of added points of contact of an impersonal nature, with one's patients. I have worked

practically all the time, averaged about five cases to the year, and I think my work has not been easier or less confusing than that of any obstetrical nurse.

Another means of intellectual gain as well as mere pleasure, is the contact with all types of people under normal conditions—often people of rare culture and unusual experience. Except for a very few days, the life of the household is as usual after the normal arrival of a baby, and one's patient is, in a large measure, a well woman. If she or other members of the household are such as to be a help or inspiration through their personal influence there is none of the confusion and chaos which often ensues when illness itself is present; as an example of this I shall not soon forget a delightful autumn spent in a big country house full of charming, versatile men and women, and their joy in art and good books and the world of out-door life and beauty will be a happy memory and inspiration as long as I wear a cap. If she so wills it, a nurse can leave almost any case with a broader grasp on life and its meaning from this contact. I heard one very successful obstetrical nurse remark that she often wondered, if the patient she was just leaving had gotten as much out of the case as she had. The peculiar gain may sometimes fall in the path of any nurse, but it is, I think, the peculiar privilege of the obstetrical nurse's lot.

Of the ethical gain I hesitate to speak, for several reasons. Taken as a profession, we are conscious, I am sure, of a sort of spirit of pride that we are first of all practical, that our training and subsequent experience have developed an attitude toward life that is characterized by the term "common sense." Its living interpretation is more correctly rendered by the word "hard," I am afraid. We speak with disdain of sentiment which often, unfortunately, is confused with sentimentality, and that we may well disdain. Any such point of view as the preceding sentences portray, will unfit a nurse for either success or usefulness or happiness in work so essentially personal as obstetrics. But granted the specialty once adopted, one must take into account its great effect on the character of the woman who rightly does this work. In no profession does the person following it develop or retrograde so quickly and so thoroughly as in our own, and no line of nursing tends to this more intensely than private duty, with the exception of this specialty. The usual obstetrical case is an experience of great sweetness, into which the personal element enters largely, and there is nothing more conducive to counteracting the hardening tendencies of private nursing than this same personal element, which enters so powerfully in the relation of mother and nurse, as together they love and watch and care for the newly-born child.

The nurse is spared the grim experiences of death and pain. Death

comes rarely in this day of good obstetrics, and such pain as we are forced to see is physiological and of brief duration, with the most precious recompense at its close. There is nothing sweeter or of gentler influence than the companionship of a little child, and all the details of their daily lives are full of charm and unfailing intent to womanly women, and it is only to this type that this work especially appeals.

There is gain, you see, professionally and personally, in every sense, and to the woman considering the greater usefulness of some special line of work, I can only bid God-speed in work so full of happiness and the sense of faithful service profitably rendered.

Anna Love, of St. Louis, on being asked to discuss the paper, said she felt the ground had been thoroughly covered by the writer, and that she could only add that, as a nurse who had made obstetrical nursing a specialty, she had found it very satisfactory and a vast field for helpfulness.

EXPERIENCES IN THE OZARKS

By LAURA HAUPT

What a host of memories, pleasant and otherwise, are awakened by this title in the minds of nurses who have been at once so fortunate and so unfortunate as to nurse in country districts. There are the interminable waits at cold empty stations; long rides over open country facing bleak blustering winds until all energy and ambition are verily frozen, and one longs again for the good old days of training.

Arriving at the home of the patient, which oftentimes consists of little more than a shelter, one stands face to face with all kinds of difficulties. First of all one has to overcome the prejudice against trained nurses in general, which seems innate in the minds of many country folks. This is due, however, to ignorance, a lack of understanding of modern methods of treating disease, and to a feeling among these people that trained nurses have a too exalted opinion of themselves and their profession. Then there is the question of fees. Twenty-five to thirty-five dollars a week is a big price for most farmers to pay, to them it is a fabulous sum for a week's work.

All of these things the nurse must meet and overcome. By adapting herself to her temporary home and making the best of conditions as she finds them, in a cheerful manner, and by evincing much interest in her patient, she has taken her first and most important step toward success in that home. She generally finds her patient in a soiled bed, without sheets, and, with the family, holding to the idea that to bathe sick people

is to jeopardize their very lives by giving them croup, pneumonia, etc. Usually, too, there is the feeling that a sick girl or woman cannot stand the ordeal of having her hair combed. The windows are kept tightly closed and all fresh air religiously excluded. Carefully feeling her way by kindness and sympathy the nurse can, with a little explanation, show the family how mistaken are these ideas and how essential to returning health is just the opposite of what they have been practicing. If she proves that she is interested and faithful, always alert for her patient's comfort, she can work a miracle of transformation in the home and in appreciation of herself and her work. Little by little the prejudice against her and her methods gives way to a feeling of awe and wonder, with a desire to learn of her and to help her in her efforts whenever possible.

The bed linen is often a big question, as many homes of the common laborer and farmer cannot boast of even one sheet, and the existing covering is unfit many times for any use whatever. Unbleached muslin answers every purpose of cleanliness; and if properly approached, most families will make an effort to obtain at least three or four changes and then see that they are washed frequently.

As the care of the patient is left exclusively to the nurse she can with gentle persuasion, firmness, and kindly attention win his confidence and the rest is comparatively easy. It is the management of the family that is then the hardest proposition. It is not necessary to explain all she does to relative and friends, neither should she be secretive, if she wishes to be unhampered and unobscured, as much as possible, by their presence and suggestions. The sick one may be unattractive and uninteresting, or even repulsive, to the nurse but she should never forget that he may at the same time be the all and in all to that family or some member of it, and she should use all kindness and consideration in her methods, always.

One of the greatest difficulties encountered in country nursing is the miserable food sometimes placed before one. Personally, I have always been well and kindly treated with every consideration, so far as the family knew what to do, and I have never left a single home that I did not carry with me the deepest gratitude and best wishes of the patient and relatives, but one sometimes has food placed before her that is unfit to eat, either because it was cooked or fried in grease and served in dirty dishes, or only half cooked, though they usually mean well and we should at least appreciate their efforts and good intentions. Many times the condition of the home is at its very worst during illness, either because the mother is ill or is occupied in waiting on the sick one. These things should be remembered by a nurse and the very best made of a condition that is only temporary, no matter how bad it may be.

Perhaps the citation of some actual cases would best portray country nursing.

First: Take the case of Miss C. sent out to the country to prepare an elderly woman for an operation. She arrived at her destination miles from a railroad or doctor. The home was one where the house was neglected for the farm work. The husband and wife lived alone, without hired help of any kind. Miss C. proceeded to remove time-worn drapings, clean walls, scrub floors and furniture in preparation for the operation to take place next day. The husband in attempting to help, climbed upon a table to remove a large family portrait from the wall, fell and broke his leg. He was put to bed and a doctor summoned to reduce the fracture. Miss C. finished her cleaning alone and the operation proceeded next day on schedule time. In the interim, Miss C. fed and watered the horses, cows, pigs, chickens and geese, did the cooking and cleaning, chopped the wood, and drew all water from a well outside, and milked the cows. No help could be gained at any price. Her two patients did well from the beginning, thanks to an ever-watchful Providence, thus allowing her plenty of time to do the chores. After a week or two of this program, help was secured and Miss C. was permitted to devote all her time to her two patients. She remained five weeks on the case and thoroughly enjoyed her experience.

Second: Miss F. was sent to G— City, on the midnight train, and was to engage a room at the hotel near by until the doctor called for her next morning and took her out several miles farther to her case. Arriving at the station, one other passenger, a traveling man, alighted. The station was dark and deserted, except for a man with a lantern who was supposed to look after possible arrivals. Miss F. approached him and asked directions to the hotel. "About a mile out that-a-way," replied the agent.

"Is there no conveyance of any kind?"

"Now, you gotta walk," was the reply.

"Follow me, Mim," said the Knight of the Grip, "we'll find it some way." And they did, after wading through weeds that reached nearly to their heads in some places and carrying their grips the entire way. Arriving at the hostelry the landlord was awakened and rooms secured, the traveling man escorting the nurse to her room. No one else offered to do so.

Third: Miss W. was called to a typhoid case in the country, the bed was soiled and the patient had not been bathed for fear of taking cold. Miss W. proceeded to clean the patient and room and bring things up to some semblance of order. Finally she asked if they were using disinfectants. "Oh, yes," replied the woman. Upon investigation, Miss

W. found an ounce bottle of carbolic, with the cork removed to disinfect the room, and was told that they were also using this to disinfect the evacuations by carefully dropping two or three drops into the contents of the pan and mixing it well. The doctor had cautioned them to be very, very careful in its use as it was a powerful poison.

Fourth: Miss H. was called to another case of typhoid. The patient, a man, had been sick for two weeks when she arrived, he had had no baths, according to directions from the physician, as there was danger of pneumonia complications. The patient had walked from the bed into an adjoining room, to the jar, from the beginning of his illness until thirty-six hours before death when he had a large hemorrhage from the bowel. After the hemorrhage, the doctor would not allow him to get up. He became very weak, lost consciousness, and evacuations were involuntary, but the physician would not allow the family to bathe him or clean his bed, as 'to move him at all would cause certain death.' Miss H. found him in this condition, with windows tightly closed, that no draught might reach him. After the doctor left, the nurse suggested cleaning him and promised not to move him. She cut off his clothes and bathed him the best she could under the circumstances. He died that night. When she asked for a disinfectant, she was shown a canner under a heater in the next room that contained about half an ounce of pure carbolic.

It is a common idea among the uninformed that the odor of carbolic disinfects all things, from the human respiratory tract to bed linen and rooms. A not unusual practice is to saturate rags with pure carbolic and place them behind pictures on the wall, where children will not find them, and so disinfect their homes. Not so far removed is this idea from the belief among some Chinese and Africans that a loud noise at death will keep away evil spirits from their departed friends.

Fifth: Miss F. was called to care for a little child suffering from diphtheria, some miles out into the country. She found the child in an attic, with all fresh air excluded, and some eight or ten members of the family sleeping at night in stalls made by stretching canvas along the roof. During the day, the male members of the family spent most of their time in the barn, as this allowed more space in the house. The doctor did an intubation and the baby recovered.

Sixth: Miss G. was called to attend a patient with pneumonia, twelve miles from a railroad. She was critically ill and Miss G. worked hard for her recovery. After a few days, the mother went to bed with a bad case of nervous prostration. The house had three rooms, two being used as bedrooms, the mother in one and the daughter in the other. The father slept in a chair, and the nurse not at all, at least not

for many days. Meals were served at a neighbors' home. One evening two or three doctors in consultation agreed that mother and daughter would probably both die before morning, but said there would be no use to call the doctors back as there was nothing more to be done. An hour or two after the doctors left, the father fell to the floor unconscious and the nurse upon investigation found no pulse at all. She administered a hypodermic of strychnine and summoned the doctor. The husband passed away at midnight and was prepared for burial on a cot placed in the kitchen. The nurse remained several weeks longer and mother and daughter recovered.

Seventh: Miss C. was called to care for a child eight years old, with pneumonia, temperature 105 degrees, pulse 160 and respiration 60. The child's lips were glued together and he had not had any water for hours. The attending physician, a woman, was sitting by the bed, watching the child, and had him surrounded with hot sand bags to make him perspire, and thus reduce the temperature. The nurse prepared to give the child a sponge bath and wanted to open windows and give him all the air possible. The doctor and family objected, and Miss C. asked what they wanted her to do. They explained that they wanted her to watch the child. "Well," said Miss C., "if you just want me to sit here and watch him die, I might as well go home." The father asked her if she thought he would die and she replied in the affirmative. "Well," said the desperate father, "if I discharge the doctor, will you take the case?" The nurse took charge of the patient and the doctor was dismissed. The child's condition was critical but the nurse worked on heroically, in anxiety she called up the next nearest physician who lived fifteen miles away and asked him to see the child. He could not come, but asked how she was treating the case, and when told, said there was nothing more to do. In five days the child's temperature was normal and he was doing well. The nurse was there a week.

Eighth: Another case has been reported which contains a helpful suggestion should one meet with an experience such as one nurse had, where the only available thing in which to give a bath was a five pound lead bottle. Miss T. was called to an obstetrical case which had been in charge of an old midwife. The baby was two days old and had some elevation of temperature. A doctor was called and ordered the child bathed. The old woman put off the bath until night, when the temperature had gone down and the father then objected to a bath being given. The mid-wife insisted, and placed a wash tub on the kitchen floor and poured in some water, into this she placed the infant and while she endeavored to hold the child in the water the father tried to pull it out; a lively tussle ensued. Finally, the old lady proceeded to give the child

a bath in this wise: she would take a mouthful of water, hold it a moment, and then eject it slowly on the child, rubbing the while with a wash-cloth. The babe was three days old when Miss T. took charge of it and the buttocks were so sore it took a week to heal them.

This same nurse was on a case recently where the food was so dirty she was unable to eat and lived for five days on graham crackers, secured from a store near by, and water.

So one could give case after case, many of them typical of conditions one frequently meets with in country practice. While these things are not confined to country practice alone, they seem worse because of the isolation and the great distance from doctors and railroads. Then too, the natural inconveniences in most country homes make the nursing very undesirable to most nurses.

But there are two sides to each question. Among these same country folk the nurse gets close to the inner life and is able many times to lift people to the mountain top of hope and shed sunshine as no one else could possibly do, because of her very work. So many times in caring for this temple of the Holy Spirit one may reach and heal diseases of the soul that the sick one would reveal to no one but a nurse. Sometimes, too, their simple views of life are well worth our study and thought. Here, rather than in the conventional life of the better homes, does she gain a deeper knowledge of human nature; an asset not to be despised by anyone, particularly by a nurse.

Someone has said that a nurse doing country practice can be too well qualified for her work. Certainly all will agree that this is a mistake. No one who goes into any home as a temporary resident to help those in trouble and distress can be too well informed along her line of work or can be too cultured to fit in harmoniously with her surroundings. A nurse needs knowledge of her work more there than anywhere, for in many cases the doctor lives too far to call more than once or twice a week, and almost the whole responsibility rests on her; telephones are either non-existent or are frequently out of order. Then if she has been fortunate enough to find the one that gives her an entering wedge into their trust and confidence the patient and family look upon her and her work with a feeling akin to reverence, and her culture and refinement often give them an incentive toward better things, which they in turn will work out for themselves, inspired by contact with a good and useful woman.

There is no place or time that the best we have to give is wasted. "Cast thy bread upon the waters and it shall return to thee after many days."

Frances M. Ott, of Indiana, discussed Miss Haupt's paper, as follows:

I know what being a district nurse in the country means. I have been in that work for five years. Those of you who feel that when you go into the country you are isolated, are very much mistaken. Community work has a broad vision and is a wonderful spur for the nurse. In the first place, if you are qualified as you should be in your professional line, you will be somewhat of a personage in a small town. Why shouldn't you be? You have seen a large city, you have met many people and have become cosmopolitan. I have always maintained that twenty years of a nurse's life is given to becoming qualified as a nurse, and then the rest of her life is spent in trying to suit people and trying to get on. I am working on that very problem now, and each time it seems to me you have to begin anew to make yourself understood. You don't want to be on a level with your patient, you don't want to make them feel that you are in the same line of thought and feeling, and yet at the same time you have got to put yourself in the same line of thought to reach them. You must learn to love your patients before you can do the right work. No one can work without having the right sympathy and I love these country people; they have done so much for me. I wish I could have all of the Mercere club women in this meeting. Club life is one in which you can do a good deal of useful work. If I were going to give up nursing tomorrow, I would be a club woman for all it is worth, because that is a field for doing wonderful work. That will be something for us to study over this year, to get in touch with the clubs and learn of the things that other women are doing. All advances in civic matters in the last five years have been made almost entirely by women. Now, in the small town, you know, there are usually no books, but a nurse can do a great deal in that direction, she can raise a Carnegie fund if she is smart enough. I could start a Carnegie library all by myself if I had to. The next thing to do is to get the town cleaned up. Now, that is not a small proposition. There are vacant lots full of tin cans and trash, preventing one from getting across. In our town, not long ago, we had a club meeting. We had a beautiful little park with a grass plot, but it was not well kept. With the aid of this club we are going to make a clean-up. I solicited and we got some beautiful seats for the park, we are going to have flower beds and we are going to have a splendid time this summer in the park, holding club meetings and Sunday school. Now, another thing for nurses to do is to cultivate young people. One of the nurses in South Bend has started a boys' and girls' club. Young people like nurses if they know how to get at them. In my town we had a Christian Endeavor society. The young people in our church insisted on my being president though I was out on a care seven miles from town. We decided that we wanted a piano in the church and we bought a \$200 piano and got all the money in two months. I went out one day and got \$125. I got everything I ask for. If you go about it right you can get whatever you want.

SPECIAL NURSING IN THE HOSPITAL

Dr. KATHERINE STEBBINS

Not many years ago the word "hospital" had an ominous sound to the ear. To be told that an illness was serious enough to take one there, was to be filled with apprehension and dismal forebodings of the future. Today, the first word after a diagnosis of even mild illness is often one of thankfulness that there is a good hospital near at hand. Every year sees an increase in the number of private patients who prefer the facilities of an institution to the purely mental comfort of being sick at home. If this tendency becomes even more general with the passage of time, it is possible that the little deficiencies or weak points in the arrangement of the hospitals, although molehills now, may be mountains in the future.

It is reasonable to assume that any subject under discussion is not entirely satisfactory, either in principle or in application. Accordingly, if the tone of this paper seems to emphasize the unpleasant phases of the relations between special duty nurses and hospitals, it is only because the object of discussion is to clear up misunderstandings and give a fair hearing to both sides.

We will infer then, that each of us, whether a young nurse struggling with her first case in a strange place, or the experienced and reliable, but perhaps a trifle blasé, "special," who spends almost her entire time on hospital duty, the head nurse, or the training school-superintendent, is willing and eager to look at the subject impartially and to ask herself, in all honesty, whether she has done everything in her power to make the conditions of special nursing in hospitals the best attainable. That they are not always and everywhere displacing is shown by the fact that there is a considerable number of nurses who prefer to take cases in a hospital rather than in a private house, and by the greater frequency of calls for twelve-hour duty. The free evenings and nights at home seem the principal inducement, but the advantage of rooms arranged especially for the care of the sick, and the convenience of having all supplies and nursing equipment at hand, must tend to make the work easier. Add to these the presence of a resident physician to share the responsibility of a very sick patient, together with the opportunity of calling upon a pupil nurse for assistance or relief, and we may understand the attraction which hospital cases have for many nurses.

In spite of these advantages, however, we hear more expressions of discontent than of enthusiasm. The habit of criticism is easily acquired, but the persistence of certain charges makes one feel that there must be some foundation of truth to keep them alive. We all know the

numbers of discontent with the hospital administration, with the hours, with the supplies furnished, with the food, with the manner or amount of payment, with the dressing-room, with the pantry, with the pupil nurses, with the head nurse. Each one of these criticisms is justified in some hospital at some time, but surely not in all the hospitals all the time.

We sometimes lose sight of the fact that most large and some small hospitals have two distinct administrative heads, the superintendent of the institution and the superintendent of nurses. The latter is often forced to bear the burden of complaint which is really due the former. She may see as clearly as any the discomforts or the injustice from which the special nurse feels she should protect them. They cannot possibly know how untiringly she may have sought a solution of the difficulties which confront them both, how persistently she may have repeated her plans to reluctant ears, or with what patience she may have endured unpleasant interviews with antagonistic officials. But in the majority of instances she has no personal jurisdiction over the two departments which meet with the greatest amount of condemnation, the commissary and the financial. I have found the two so closely related that a nurse who begins her plaint with one, usually ends with the other. Whether or not a hospital that calls a nurse for special duty within the institution becomes thereby responsible for the payment of her bill, regardless of its own ability to collect from the patient, is a question on which opinions differ; as also in the matter of charges for hospital work. Is a nurse doing the same work in a hospital worth the same amount as if she were in a private home? Apparently she is not always so considered, although the process of reasoning is not quite clear, unless the added conveniences of a hospital are reckoned as a monetary equivalent. And then we may still wonder at the mental attitude of the superintendent who frankly advertises his institution as combining the function of caring for the sick with the profitable business enterprise of "table board." For example, when he charges a patient \$7 a week for the board of the nurse, which is far above the per capita cost as stated clearly in the annual report. Certainly the quality is often inferior to that of \$4 board at a boarding house.

It is only fair to say here that one institution of this kind, after keeping a patient until her indebtedness amounted to nearly a thousand dollars, and without hope of ever collecting a dollar of it, nevertheless itself paid the special nurses the full amount due them. So they all have their redeeming features.

The question of food is, and bids fair to remain for some time, the paramount issue for the nurse in a hospital. That it should continue to be so in these days of dietetics, household economics and scientific

management, would seem inexcusable. But here is, I believe, a key to the difficulty. The food on paper is one thing, and the food which is set before one is another. It may be possible that the meals were planned with the best intentions in the world, and even that a fairly good quality of food was bought, but it is ruined by careless preparation and serving. Cooking in large quantities and long standing in heaters will spoil the best of materials, unless great care is taken. Stiff half-cooked cereal, stale or really sour milk, cold bitter coffee, and poor eggs are an injustice to the body and a death-blow to the spirits. It is bad enough to go directly from giving treatments, or from handling a possibly repulsive case, to the table; but when one is confronted by cold, greasy soup, badly cooked meat, and the varieties of canned spinach and stewed cherries which seem to be put up especially for hospitals, it is very hard to go back cheery and smiling to one's patient. Yet soup, meat, spinach and fruit sound like a well-balanced and wholesome menu. There is no question of the justice of the complaints about food in many hospitals, the question for us to ask is—are the members of the nursing profession responsible for it, and, if not, are they doing everything in their power to influence those who are?

Perhaps I have already given one explanation of the refusal of some nurses to take cases in a hospital. The entire ground could be covered by the simple statement that no one will work well and cheerfully unless she is comfortable. No woman likes to get up habitually at six o'clock or earlier, in order to be on duty at seven. It is an hour of gloom and shivering low spirits, as she starts out without breakfast and rides down in the car with the early laborers. But to hurry into a ten by twelve dressing-room and find six nurses there before her; to hang her only suit over two others in a dusty corner, and pin her hat carefully to the sleeve, where she knows it will soon be brushed off; to discover that her cap has been trampled on or has disappeared entirely, and her apron has fallen on the floor, does not send her in to greet her patient with a cheery morning face.

We have all said this so many times, but now we must ask, How shall nurses themselves set about it to put an end to such conditions? First of all, surely, find out just who has authority to change these things. Then study how to make him willing to change them.

There is at least one person in every hospital who may have no influence in bringing about reforms in the feeding and housing of the nurses, but who has it in her power, more than anyone else has, to smooth the path of every special duty nurse and earn the gratitude of every patient. This is the head nurse. She may, if she wishes, control the whole atmosphere of the rooms in her charge. If she welcomes the

special nurses with courtesy and makes them feel themselves an assistance and not a nuisance; if she makes every stranger acquainted with the general working scheme of the private corridor, and the means of obtaining necessary supplies; and if she personally plans for prompt and sufficient relief for meals, she will surely be rewarded by the lack of friction and the general satisfaction of all about her.

Now that we have considered in what manner the hospitals fail to do justice to the nurses, let us turn to the other side of the picture. Here is something which is entirely within our control, but how many of us would care to say that we had always done our entire duty by the hospitals in which we nursed? To do that would be to conform to the wishes of the superintendent in the wearing of suitable uniform and shoes; to do our work with regard for the convenience of other nurses, and not to resort to subterfuge in order to secure the lion's share of supplies and linen for our patient's room; to remember, in our relations with our patients, to be always loyal to the hospital, to other nurses and to the doctor under whom we are working. Disloyalty to our fellow nurses and to the doctor who is entrusting his patient to our care is a fault so obvious that it would probably never occur but for the peculiarly fertile field which a hospital offers for gossip, for when gossip is afoot, there is an opportunity for every careless and indiscreet word to have an influence out of all proportion to the intention of the original speaker. Of all places the private corridor of a hospital is the one in which it is most easy to fall into the habit. There are so many people to gossip about and so many to gossip with. The patients themselves are eager for any little bit of news to relieve the tedium of the days; but while they may encourage the nurse to chatter about her other patients, and her nursing friends, and the doctors of their acquaintance, they are the first to speak disparagingly of her afterward, or to advise the doctor privately not to employ that nurse again, "because she is such a gossip." The majority of the criticisms of nurses which are heard from the rest of the world are directed, not at lack of technical skill or professional ability, but at habitual gossiping.

The relation of the special duty nurse to the pupil nurse is more important than we often stop to consider. In the best schools for general education the upper classmen, and still more the graduates, cherish as a sacred tradition their right to the respect and admiration of the younger pupils. The spirit of obligation is so general that a graduate who forfeits in any way the esteem of the students feels his position heavily, and will make every effort to right himself. A school for nursing and its graduates would profit greatly by the same spirit, and it can start only among the graduates themselves.

There is not a perfect hospital anywhere. I am very sure there is not a perfect nurse. We all feel the desire to work toward the perfection of both, but have we quite clear in our own minds the ideal toward which we strive?

Let us imagine for a moment a hospital with its private floors so arranged as to furnish the greatest possible quiet and comfort for the patients, and the least possible waste of time and steps for the nurses; a head nurse with executive ability and long nursing experience has the whole machinery of the floor under her control. She receives the special nurses as they report for duty, and she makes a point of showing every stranger the places where she may find whatever she needs and of explaining to her the general routing of the hospital. She plans for the relief of the nurses for meals, whenever such relief is necessary, and by her influence and example she discourages the discussion of the private affairs of patients, nurses and doctors. In this ideal hospital, the private duty nurse puts on her uniform in a large room, provided with full length lockers, large enough to hold her hat and bag as well as her street suit, and to which she holds the key. There are plenty of mirrors, and tables enough for a half dozen to dress at once, and in an adjoining room are washbasins and towels. The dining room is large enough for every one to have a seat, and the service is prompt and neat. The food is never scanty, and is always eatable, however simple. No nurse ever sleeps in her patient's room. If the custom of the hospital permits a patient to have only one nurse, when she is unable to pay for day and night specials the nurse is relieved for two hours in the afternoon, and after she has made her patient comfortable for the night, she goes at ten o'clock to another room in the hospital and sleeps until six, when she is called for breakfast and to return to her patient at seven. A pupil nurse attends to the wants of the patient between ten and six. If there are not enough pupil nurses to do the relieving, even when one could look out for the patients of several specials during the night hours, then this hospital maintains a relief nurse for the purpose.

If we found such a hospital as this, should we find everybody contented? Every advantage mentioned here exists in some one institution. How shall we make them all exist in every hospital?

The Question Box, in charge of Katharine DeWitt, was next in order, and a number of questions of an interesting and practical nature were discussed.

The meeting was then adjourned.

AFTERNOON SESSION
CONFERENCE ON REGISTRIES

WORK OF THE INTERCOLLEGIATE BUREAU OF
OCCUPATIONS

By FRANCES CUMMINGS

I am very glad to comply with the request that I describe the experience of the Intercollegiate Bureau of Occupations in registering and placing nurses.

A word of explanation may be desirable as to the purpose and scope of this Bureau's work. It was organized two and a half years ago by the college women of New York. Its object is to study the opportunities for educated women in occupations other than teaching, and, at the same time, to conduct an employment agency for college women and others who have technical training in addition to a high degree of general education. Since the Bureau was organized, more than seventy different occupations have been represented by more than nineteen hundred positions referred to us by employers. Eight hundred twenty-two positions have been filled by the Bureau. The most important occupations, from the point of view of numbers, have been secretarial work, social service and household administration. The Bureau does not register teachers of academic subjects; neither does it undertake to assist professional women (lawyers, physicians, etc.), in developing their private practice. All other occupations that offer suitable employment for educated women are welcomed in our placement work.

You will see at once that the Bureau stands at a strategic point for comparing the advantages offered by various occupations and professions. Our contribution to the subject of the hour will therefore be chiefly valuable as a comparison and because the Bureau does not deal exclusively with nurses. We cannot offer an intensive study of their specific problem of employment, but we can, perhaps, make comments on their problems in the light of our contact with other professions.

First I should explain that the Bureau does not register nurses for private duty. We do not wish to duplicate any employment work already being done effectively, and only a very small proportion of such nurses come to meet our educational requirements. Our usefulness in the field of nursing is therefore confined to women who seek administrative positions in hospitals and training schools, or as residents in schools and colleges, or in miscellaneous posts where the nursing training

is desired as an adjunct, as in physicians' offices, and, most important of all, in the many forms of social service.

Possibly the fact that we have a separately organized Department for Social Workers, brings many positions in this last field to our notice. Organizations accustomed to turn to us for playground directors, probation officers, settlement workers, matrons, investigators, naturally turn to us when in need of school nurses, visiting nurses, public health nurses, hospital social service nurses, etc. Certain it is that these calls have far outnumbered those in the other types of nursing mentioned, and I have them chiefly in mind in the comments which follow.

As our statistical year is just closing I am sorry to say that the division of our records by occupations is not available, so that I cannot give the exact number of nursing positions open and of nurses registered as applicants. However, before writing this letter I examined with some care the records of about fifty nurses on our list. They represent a wide variety of training, experience and personal qualifications.

Some have had a full nursing course in a good training school, but their experience has been entirely in private nursing and they have had little or no contact with the field of social service and no special training in the methods needed there. Others have not had full courses or are graduates of training schools of poor quality. They have been registered, however, on the basis of their experience or training in social work and may be available and fairly well qualified for border line positions, for example, as attendants in day nurseries, matrons in institutions, etc. Members of still another group have had mediocre training and have personalities about average. They would be able to carry out well a routine piece of work under direction, but are hardly fitted for responsible and difficult tasks. On the other hand they have found their salaries in these minor positions inadequate and they register with us for promotion, to our frequent embarrassment. Possibly the most distressing group is that of the nurses with fine technical training, combined with extended experience in the special field of nursing sought by them, but who because of their personal idiosyncrasies can be recommended only with the greatest care. In some cases their attitude is arrogant and exacting; in others, limp and ineffectual. What can be done for them?

Fortunately there is a much brighter side to the picture and I would not have you suppose for a moment that the Bureau deals only with nurses "out of a job," and rightly so. Here, for example, is a young woman whose training was taken in a New York school and who went immediately into public health work as a school nurse. She also visited among tubercular patients for one of the clinics and, after a severe illness, organized school lunch-room work in a large city. The variety

of her experience, together with an unusually fine personality made her the successful candidate in applying for a position to organize the social service department of a hospital in another city at an initial salary of \$1600. Another candidate taught for twelve years after her graduation from college and then took a hospital course to prepare herself for social service. She secured a position as visiting nurse in a western state, at a salary considerably lower than that which she had secured in her last position as teacher. On the other hand, her interest in the new work was great enough to compensate, to a certain extent, for the temporary sacrifice of salary. Another college graduate secured her hospital training at Johns Hopkins and for three years worked as a district nurse. A series of coincidents led her into an office position of a high degree of importance and responsibility at a much higher salary. Having held this position for about two years she wishes now to return to the field of nursing and has had sufficient administrative responsibility in connection with business so that she should be in line for a good executive position. Family duties require that she live in New York, which restricts her choice. Another Johns Hopkins graduate took a course at a school of philanthropy and for three months served in the social service department of a large hospital. She is handicapped by a certain lack of aggressiveness and self-confidence. She has been successfully placed in a welfare position where charm of manner and ability to make friends with young women are chiefly required. Her salary is \$1200.

Perhaps these examples will show the wide variety in the problems met and the tremendous responsibility which rests with the Bureau when recommending candidates because of the varied personal requirements in the various posts.

The mechanism by which an applicant registers with the Bureau is not unlike that of nurses' registries, I presume. Our application blank is a card, 5 inches by 8 inches, filled out in the applicant's own handwriting. Since it calls for detailed information as to her whole life history, including her "means of grace and hope of glory," it acts as an initial test of her powers of clear thinking and self-expression. The Bureau charges a registration fee of one dollar for one year and a commission of 3 per cent of the first year's salary if a permanent position (lasting longer than one month) is secured, and of 6 per cent if a temporary position is secured.

General and professional references are required. These call for discrimination on the part of the Bureau in comparing the value of courses in different training schools, and I am glad in this connection to acknowledge with gratitude the cooperation given us by organizations in New York, whom we have consulted as to these standards. In the large

field of public health nursing, for example, Miss Crandall has been of the greatest assistance in pointing out the value of certain preparation and the facilities open to nurses whose special training for public health work has been inadequate.

This emphasis on training in the methods of social service as well as in the profession of nursing can hardly be overestimated. My strong feeling on the subject is not a trumped-up theory of what ought to be the ideal training, but on the explicit requirements of the organizations and individuals who register their needs in no uncertain terms.

You may be interested in just a word on the subject of salaries.

In general we have found that teachers of academic subjects can secure a larger initial salary than their sisters who go into non-teaching occupations and who must therefore secure technical training of from one to three years after leaving college, or else take a very low salary while serving an apprenticeship. On the other hand, salaries in the non-teaching occupations soar higher and individual power seems to be recognized by salary values rather more readily than in teaching. Turning now to the various forms of nursing, it is undoubtedly a very well paid profession. Very rarely has the Bureau placed a candidate in other work at more than \$1800, and that without residence. The administrative positions in hospitals and training schools frequently offer \$1800 or \$2000 and residence I am told. (The average private nurse in New York city receives \$25 a week. Few other occupations offer this salary, until many years of experience can be claimed.) Slightly more than half the private secretaries placed during the first nineteen months of our work received from \$60 to \$80 per month; 10 per cent received from \$100 to \$200 per month. On the other hand the average yearly income of nurses might not compare so favorably with other salaries. One great difficulty in trying to fill the positions for nurses in social service of all kinds, has been the low salaries offered. They have compared favorably with those of other social workers, but the difference has not been marked enough to represent the greater length of time required to secure the full nurses' training. To be sure, organizations in many small communities cannot pay large salaries.

In closing this rather informal series of comments, may I point out that, judging from our experience, the demand for really well qualified nurses far exceeds the supply. This is evidenced by the primal fact that a general agency is appealed to at all, and it would seem to indicate that the nurses' registries and the institutions offering special training for the advanced positions in this profession cannot themselves meet this demand. You are doubtless thoroughly aware of this.

Another significant fact should be noted. It is to a Bureau distinctly

labelled Intercollegiate that these appeals have come. I said a moment ago that the supply of "really well-qualified" women seems inadequate. I did not have in mind training in the technique of the profession, but rather the breadth of vision, the mental grasp, the power to think straight, the ability to ignore personal and petty considerations which we all hope are the by-products, at least, of a liberal education.

REGISTRY FROM THE POINT OF VIEW OF THE REGISTRAR

By MARION A. MEAD, M.D.

Since the passage of the law for registration of nurses, with its attending high-grade requirements, the existence in our cities of first class registries has become almost imperative to the success of nursing as a profession. Representative registries are everywhere making state registration compulsory but the fact that our Minnesota law does not, throws the responsibility of upholding its standard upon our local organizations and registries. Organization always means increased efficiency and nowhere is this more true than in an organization of nurses, all working together for the same end. A central registry should be maintained by a local organization; the two are necessary for each other's support and advancement. A registry without the support of the majority of nurses soon becomes a commercial agency, and an organization too weak to undertake the responsibility of a registry, soon dies of its own inertia. Only two membership fees should be granted: the larger fee embracing the use of the registry to nurses doing private work; the smaller fee, to all others engaged in the various other branches of nursing to whom a registry is unnecessary.

The registry is a force in the community educating the public to what its obligations are to the private nurse. It is often called upon to quote prices and rules and to give information concerning the various branches of the profession.

It would be difficult to over-estimate the value of the registry to the nurse. Through it, at any hour, day or night, she receives calls from physicians for private duty. She receives calls from members of hospital boards seeking nurses for hospital positions and, in fact, from any one needing the services of a skilled nurse, in either her own city or surrounding towns. Thus she comes into touch with a far wider sphere of usefulness than could possibly be reached by her efforts alone.

The nurse who comes from another city, if she is wise, will at once seek the best registry in the city where she is to follow her profession, then

place her application with the registrar, who in turn makes full investigation concerning her previous standing, whereupon if a satisfactory report is given by the credential committee of the association, she is at once brought into close touch with physicians of the highest standing in her new field of labor. Formerly it would have taken months of uphill work to bring this about.

Members of the registry, by keeping in touch with the registrar, have much more freedom when off duty. If out for a time, they may leave their telephone call at the registrar's office or state the hour of their return. Usually physicians will wait if they are assured the nurse they desire for the case can take the call at a specified time. The registry makes it possible for nurses to specify the character of cases not wanted. Nurses' cards marked No Contagion, Obstetrics, Out of the City, 9 p.m., indicate that such nurses are not to be called for the above cases. Nurses on the waiting list usually respond to calls for hourly nursing.

While the registry is of mutual benefit to the physician and nurse, it is the nurse who receives the larger share. She has protection against physicians who might personally urge her to take a case before she has had the necessary rest from a long, hard, previous case. The registrar can often inquire more particularly into the nature of the case without incurring displeasure of the physician, than could the nurse. She also has protection through the accurate record-keeping of her cases, and protection as to her standard and prices.

Is it not, then, most necessary to have a capable and progressive registrar who realizes to the full, the importance of such adjustment? She it is, who hears all complaints as well as commendations so that the standard of the registry depends largely upon her judgment. Through the registry, the public may always be sure of having efficient service on short notice. In former years much delay was often experienced before the physician or family could get into touch with a reliable nurse. The registry has made it a matter of moments. So, again, the public has learned to appreciate registry service.

Leading physicians of our cities have learned that by coöperation with a reliable registry they may obtain the highest degree of efficiency in nursing care for their patients. They universally endorse the work of a good registry, therefore it only remains for the nurses to loyally stand by its head, always ready to respond to calls, to insure its success.

The Minneapolis registry is controlled by and operated in connection with the Hennepin County Registered Nurses' Association, an association which includes registered nurses from accredited schools, throughout the country, making it in reality a central registry.

A complete system of records is kept, giving the hour the nurse is

sent to the case, her number on the waiting list, name of attending physician and patient, the disease, remarks, etc. The question has been asked "Does it pay to have the work so minutely accounted for?" It has been proven to us many times to be well worth the time and expense of keeping accurate records. Such records can, at a later date, be referred to. Nurses are frequently called to give legal testimony. Within a few weeks our registry was asked for the address of a nurse said to have been sent out to a case last July. As the nurse in question had died eighteen months previous to that date it was necessary to refer to records to obtain the name of the nurse who had really served on the case.

Another incident, letters are received at our office from time to time from physicians in adjoining towns, complaining of the incompetency of a nurse said to have been sent out from our registry. When the names are similar to those appearing on our list, we consult records carefully in order to inform the physician that no nurse had been sent to that town, from our registry, on the date given. By tracing such complaints, it is found that non-graduates pose as registered nurses.

We have had reports from associations trying to conduct a central registry, who have encountered so much of the "I-am-better-than-thou" feeling among individual schools, that many times the central registry has suffered from a lack of coöperation, even though the independent registry, seeing its mistake, has finally sought affiliation with the central registry.

Minneapolis is fortunate in having the office of the Minnesota State Board of Examiners of Nurses in connection with the registry office. This is a great advantage to the nurses as it has a tendency to centralise nursing interests. The state board considers it an advantage to have its office where some one can intelligently answer questions concerning the work. At present the registrar is a member of the Minnesota State Board of Examiners of Nurses and is also a Notary Public, which is a great convenience with the State Board work. A publisher's library is installed at the office so that the nurses can at any time examine copies of the latest standard books on nursing. Subscriptions are taken for journals and orders taken for books on nursing.

The ideal registry should stand for everything that is useful and progressive in the nursing profession. It is a veritable board of arbitration.

REGISTRY FROM THE POINT OF VIEW OF THE TRAINING SCHOOL SUPERINTENDENT

By JANET B. CHRISTIE, R.N.

The school registry, when conducted in the hospital, proves in many respects most advantageous to the nurse in private practice. It relieves her of much responsibility, it brings her more closely in contact with the physicians and surgeons from whom she receives the greater part of her work, and in this association with the hospital she has an opportunity of keeping in touch with the newer methods of caring for the sick and the changes that are constantly taking place in nursing work.

The school registry offers some advantage to the hospital. It practically secures special nursing for the private patients, and it brings to the hospital the added interest of patients who have been well nursed by its graduates; and, in some instances, endowments are given through gratitude for faithful services rendered.

It is a distinct advantage to the attending staff of the hospital. Notwithstanding the universal use of the telephone, many times the doctor prefers to make personal application for a nurse, he feels he can explain his needs, and that of his patient more fully, and so finds a registry in the hospital a convenience.

In organizing a school registry in the hospital, a committee from the alumnae association should be appointed, making it as representative as possible. This committee, acting with the superintendent of the school, who in almost all cases is the registrar, should draw up rules to be submitted to the hospital authorities for approval. Such points for information can then be printed and presented to each member of the registry. The committee should meet at least twice a year and have brought before it any matters that need readjustment, namely, dissatisfaction with the way the registry is controlled or the discipline of its members.

The strong point in the management of a registry should be to choose the nurse to suit the case and doctor, rather than the one whose name heads the list. The registrar will in many cases know the doctor and will often have knowledge enough of the patient to know which nurse will prove satisfactory. Each nurse joining the registry should be made to understand these points and thus avoid personal feeling.

In establishing a registry, a distinct responsibility to the public is assumed, and it is important to provide suitable trained nurses to meet the needs of all branches of nursing. It must be responsible for the correction in case of overcharge being made, in maintaining the stand-

ards of professional work, from the standpoint of technique and morals. Members conducting themselves in an unprofessional manner must be either disciplined or dropped from the registry. What constitutes unprofessional conduct is difficult to define, and such ethical questions will have to be decided in each individual case. The Hippocratic Oath, which has been modified for nurses, should be an excellent guide.

Some disadvantages of maintaining the school registry in a hospital should be cited. The increase of the burdens of the already over-burdened superintendent of nurses, detracting as it necessarily must from the time which should be devoted to the school, raises an important question. No matter how efficient the one to whom the work is delegated, the superintendent, as highest in authority, must of necessity be called upon to give her opinion, to hear complaints, to adjust mistakes and solve the many problems that arise each day. It is true she has the satisfaction and pleasure of keeping in close touch with the graduates, and she may assume the added burden cheerfully and gladly, but to my mind it is work that belongs elsewhere.

A central registry, the outcome of united efforts on the part of some nursing organizations, or a registry formed by the graduates of one school or by the cooperation of several schools, would seem an ideal method of conducting this important branch of nursing work. When the responsibility is taken by the nurse herself, when she feels that the registry belongs to her and not to the hospital, when it is she who has to bring it to a state of efficiency and keep it there, when she hears directly the criticisms, pleasant and otherwise, of its members from patients and doctors, when it is necessary, in order to keep up its moral tone, to discipline a member and to do the hundred and one things that make for success, she will then see the personal obligation toward her profession—that had not before come into the range of her vision.

THE RELATION OF THE PRIVATE NURSE TO THE REGISTRY

By ANNA REIN, R.N.

As our needs in the nursing world become more apparent through our organizations for nurses and the wonderful growth thereof, in their many branches, the private duty nurses (because of their isolated life in the sick room of the homes), felt the need of a place and some one in that place, who would devote her entire time to these varied interests. In consequence, our central directories were organized, which, we feel, have been very helpful institutions and we wonder how we have ever done without them.

The registrar, I believe, should be a registered graduate nurse in all states requiring state registration, and a graduate in others, one who has had a wide experience, especially in private duty, because that will enable her to send the nurses best suited into the homes whether they be rich or poor. Such directories should be a part of a local organization for nurses, whose board of directors should be the governing body.

To get the best result from any enterprise we must put our best into it. Nurses should be loyal and support the registrar, who at best has a wearisome time of it. Only her interest in her profession and its success keep her from escaping from the clang of the telephone bells which bring so many and such varied excuses for not taking a call at this particular time.

The nurse should feel that when she registers for duty she must accept the call when it comes, unless registered against such cases. It is not easy to go out on Christmas day or just before the nurses are having a convention or when one of our national workers happens to be in our city, but sickness is no respecter of days.

The nurse should remember, when leaving a home or while there, to mention the fact that she can at any time be reached through the directory, when she might not be reached in her home, because the registrar is always in touch with her. It is understood that she keep the registrar informed of her whereabouts.

Many of our nurses who have succeeded (needless to say they have done good work), feel that they do not need the directory and are not willing to pay the fees. If I may be allowed the liberty I would call them selfish. We must win the confidence of the physician, and if he finds that he may still get the nurse he wants away from the directory he will soon cease to call. Good nurses, banded together, will elevate and stimulate the weaker ones who have just as much good in them but have not learned to use it. Nurses are too much isolated in their work and become self centered. They see only their own work and their vision is narrow.

The pupil nurse should be given a broad knowledge of what it means to go into a home and take charge of a patient when there is no hospital staff to support her and where she must adapt herself to new and strange conditions in each case. She comes to the training school fresh from the school room and it is a serious matter as well as a noble task to mould this pliable girl so that she may become a true woman in the broadest and most helpful sense. Who needs more attributes than a nurse?

She should be taught, before leaving the training school, that organization has brought her chosen profession to its present place in the community and that it is her duty to become a part of her alumnae, county and state organizations and identify herself with the central directory.

I believe that a well-managed directory will be able to solve many problems which are a source of much annoyance, if not absolute rupture, between the medical profession and our own.

Directories have a wonderful mission to perform, no easy task you will admit, when I tell you that the complaints made to the registrar, coming in a legitimate way from the physician and patient, and in the right spirit, must be told the nurse not by the registrar, who must conduct the nursing business with her, but by some member of the board of directors who will, in a tactful way point out to her wherein she can correct a fault before it becomes a fixed habit.

If, after this kindly advice, the nurse does not improve, she should be brought before the board. Such a proceeding would be a kindness to the nurse as well as to humanity.

When the public, whom we must educate, and the physician, find that we are sincere they will eventually come to us because we will have proved to them that our directories do not misrepresent.

Directories that register non-graduates and attendants, sending them out as such, will help to solve our practical nurse question. The unscrupulous ones will not come to us, when they find that only square dealing is practiced.

Our central directories will become the information centres of all nursing activities and rightly so, since there will be no other place where such reliable and complete statistics can be had, because the heads of all departments will be in direct communication at all times.

DISCUSSION ON REGISTRY PROBLEMS

By NELLIE B. CHAPMAN

But one generation ago there was not known such a thing as a hospital-trained graduate nurse. Our parents and the physicians of their day had to depend upon some old lady of experience, or possibly an old negro Mammy, the scope of whose knowledge reached scarcely beyond that gained in caring for their own families or persons of their immediate neighborhood, and who not infrequently substituted their own remedies for those of the physician in charge. As medical science advanced, and there was felt a need of more scientific care of the sick, schools were started for the teaching of those who chose to make a life work of nursing. The education of the physician necessitated the education of his assistant, the nurse. Some of these schools have developed with the passing years into very valuable institutions, while many, alas, are little more than an excuse for securing free help to hospitals and sanatoria whose interests spread no farther than their own personal gain.

Of more recent years, and more pernicious still, we have the correspondence schools, whose limited instruction is not harmful in itself were not its graduates dumped on the country armed with diplomas to pass as trained nurses, but without enough experience to teach them their own unfitness. Many, if not most of them, have never seen the inside of a hospital, and yet one school alone issues 3000 diplomas to just such graduates yearly. Associations, local and state, have been formed in recent years, the members of which are real graduates from reputable schools connected with standard hospitals.

We recognize that much good has been accomplished in educating the public to the importance of employing properly trained nurses instead of trusting their loved ones to the care of those whose fitness consists largely in their unfitness for any other profession or means of livelihood. Too often, and too generally, these associations have failed or fallen short of their goal, and stand to the nurse as well as to the community at large (if they even know of their existence) as little more than employment agencies, whereas they should occupy the same relationship to the nurse that the American Medical Association does to the physician.

Just as much education was necessary to bring the old-time physician to appreciate trained nurses and to persuade the laity to spend real money to employ them, as today is needed to find employment for the constantly-increasing supply of real graduates and to protect the public against the charlatans and novices.

To accomplish the greatest results in this line, a national association of registries seems necessary; under whose supervision the local associations, directories and registrars should operate, and membership in which would be so desirable that every nurse in training should aspire to such membership just as she does to the possession of a diploma.

Its objects should be educational and protective and should cover the medical profession and the general public; teaching them that the course of safety lies within the safeguard the association is endeavoring to erect for their protection, which education will result in an increased number of calls for association nurses and more constant employment for the nurse, just as legitimate advertising brings more trade in any line of business. And, I fancy were there such an association to properly direct, much good in educational lines might be accomplished by a suitable demonstration with moving pictures at the San Francisco exposition in 1915, connected with an active registry.

They should provide, also, a line of study, by lectures or otherwise, that would keep the nurse constantly in touch with the new methods, a sort of university extension, and should also provide each registrar with a list of schools where post-graduate work can be taken by those

desiring to make a specialty of some certain lines, as well as for those who have become discouraged with the monotony of their work and who need their minds directed to some other, some new line of thought, thus preventing them from abandoning their profession after spending years of time and study to fit themselves for it.

The association should provide, either by selection or education, a body of persons whose business ability fits them for the position of registrar, for it is largely through these that the physicians and laity must be reached. The members of the local association and directory, which should by all means be united, would not be called upon, by sympathy for a worn-out nurse, to subject their interests to the care of a registrar of no business ability.

A registrar should be a business woman, able to meet the public and the physician in a business-like manner; an experienced solicitor, capable of increasing the number of calls by personal work with the physicians. She should make a business of visiting each doctor in the city, and corresponding with those in outlying districts two or three times each year, acquainting herself with their peculiarities. She need not necessarily be a nurse, for that would mean to throw away her education in a measure; but she should know her nurses intimately, and be able to assist them through times of discouragement, or help with advice along business lines.

Every nurse should be taught the advantage to herself of perfect loyalty to the local association and the directory and should learn that the receiving of all calls through the directory constitutes in part such loyalty, which should extend not only until they have formed an acquaintance which brings them sufficient calls to occupy their time, but they should see, as well, that it were better to trust their interests to a registrar who is absolutely impartial in her dealings with the nurses and who will respect the personal preference her care and personality may have gained her, rather than have her calls come to her room in a hotel or apartment, to be entrusted to the doubtful care of a landlord, clerk, maid or bell-boy.

If the registrar is advised at all times of the whereabouts of the nurse, she can much better deal with the physicians in her behalf, and locate her for him or, if necessary to meet an emergency call, she can provide a suitable substitute until she can be located.

With proper coöperation the registrar will be able to carry on a successful campaign, the object of which will be to make the registry so well known to the community that every physician, druggist, telephone operator, minister, city official, policeman, hotel or other public place will know as well where to find a competent nurse as they do how to get

the ambulance or fire department, so that when they think nurse they will think Main 90, or whatever the registrar's telephone number may be.

In a certain city of my acquaintance, with a population of about 100,000, the registrar by solicitation among physicians has secured more calls than are received by the directory of another city of 300,000 with a correspondingly more populous adjacent territory. In such a city as the latter, a new registrar, or an assistant who was a successful solicitor, could easily earn her salary or its equivalent in commission by increased calls. And this would mean great advantage to the nurses.

The registrar should be located in a public place, as accessible at all times as the manager of a department store during store hours, not in an obscure office, unknown, as in one city of 300,000 where I spent four hours trying to locate the registry and neither telephone "information" nor anyone else seemed ever to have heard of such a thing. When I finally located it, I had to wait an hour before being ushered into the presence of the registrar, though she knew someone was waiting to see her.

A national association would be able to do more than any other agency in eliminating the directories conducted for gain by unscrupulous persons whose concern was the financial benefit accruing to themselves, regardless of consequence to the nurse.

One of the largest directories in the country is conducted by a barber, whose interest in the nurse is just as great as in the welfare of his customers in the shop, and consists in the receiving of his fee. Such a person might easily be influenced to partiality by special compensation.

Much has been accomplished by the work and educational effort of the pioneers in the profession, but to us falls the task of developing by business methods the scope of usefulness of the mighty army of nurses constantly increasing in numbers, always remembering that the nurses' best interest is inseparable from that of the public.

EVENING SESSION

THE STANDARDIZATION OF NURSING EDUCATION

This session was held in conjunction with the National League of Nursing Education, Mrs. Robert McK. Jones, of St. Louis, presiding, with the following program:¹ Demand and Supply as Related to Nurses and Nursing, Fred S. Murphy, M.D., Washington University Medical

¹ These papers will be published by the League of Nursing Education, orders for copies should be sent to the secretary, Sara E. Parsons, Massachusetts General Hospital, Boston, Mass.

School; Essentials of Professional Education, George Dock, M.D., Washington University Medical School; Hospital Trustees and the Training School, M. Adelaide Nutting, R.N.

SATURDAY MORNING SESSION, APRIL 26

LEGISLATION

This session was held in conjunction with the National League of Nursing Education, Miss Noyes, president of the League, presiding, and the following program¹ was presented: Progress of the Past Year in Nursing Legislation and Some Lines of Future Effort, Adda Eldredge, R.N.; The Eight-hour Law as Applied to Student Nurses, Lila Pickhardt, R.N.; The Preparation of Bills and Publicity Methods, Roger Baldwin, St. Louis; The Organization of Nurses for a Legislative Campaign, Beatrice vanH. Stevenson, R.N.

AFTERNOON SESSION

COMMENTS ON NAVY NURSING

By BEATRICE BOWMAN

The short hours, the certain pay, the rested look of the Navy nurse (the latter acquired by regular hours of rest and duty), these I believe to be the only facts known to superintendents or nurses outside the military service. It is not generally known that she must possess a thorough knowledge of administrative work and must be sufficiently trained in professionalism. It is because of their innate executive ability that our nurses have "made good," rather than because of the training in administrative work. Could the nurses be given a course in administration, I feel sure more would qualify for executive work, and the general professional standard would be raised through the efficiency of the individual. Why? Because the nurse comes from the training schools for the most part equipped only for the practical work. If her desire and ability lead her to institutional work, she must finish her course in the broad school of experience, and frequently by this bitter experience only, she learns to become an executive and a wise and judicial administrator, in the positions of which she had no knowledge other than hearsay. It is due only to the aptitude of the woman herself, that she makes good. Of course the argument will be that she can take a post-graduate course in that line, but there are very few nurses who can afford it, desirable as it might be.

So it is in the Navy Nurse Corps. We admit nurses from the best schools in the country who have absolutely no knowledge of the duties of an executive. They come to us and must be taught. We really complete this work of the training schools, and teach them to submerge the personal; to become the professional woman. This is the glaring weakness in our candidates, a lack of conception of professionalism. It renders them open to charges of lack of dignity and familiarity which seriously lower the standard of our Corps. It is hard for them to grasp the fact that dignity and personal reserve must be included in that wonderful gift of God—love of fellow beings. Nurses can make their patients and their co-workers feel that they are interested in their welfare without making the interest project their personality. Briefly, I find that the graduate nurse comes forth from three years of hard training skilled in practical nursing only and is armed only with the fundamental principles, while she utterly lacks training in the most important knowledge of all: tact, diplomacy and adaptability.

Some nurses in civil life think that a military service is a path of roses, but this view indicates lack of knowledge of an interesting branch of our profession. I wish I could retail some of the many difficulties the Navy nurse has to meet, and meet with a smile. How she must work on, keeping peace, restoring harmony, endeavoring to carry on without hitch or mistake, the responsibilities placed upon her! The head nurse or the superintendent of a hospital may think she has difficulties with her probationers or pupil nurses, how much more has the head nurse in charge of a ward of a naval hospital who has from three to five or six indifferent (sometimes) boys anywhere from seventeen to twenty years of age, whom she must train and for whom she is made responsible as to their knowledge of nursing and department.

The charge nurse of a ward in a naval hospital has every opportunity for quick action, judgment, patience, tact—the hundred and one avenues for development in professional ability, and in character building. She is called upon to help in the training and teaching of the boys who enlist in the Navy as Hospital Corps-men. She must accept this condition, since these lads are the only ones to assist the doctors in the care of the sick on the battleships, and the efficiency of these boys is a responsibility she cannot avoid. The natural disinclination of the male for nursing work must be overcome; as must also his lack of accuracy and his disregard of the importance of details. It is readily conceivable that nurses who have not these qualifications not only fail in example and teaching; they work a great wrong to the nursing profession by failure in standards as trained nurses and render it difficult, indeed, to draw the sharp line between the trained and the untrained. This is also true when the con-

ception of cleanliness falls short, and where indifference with regard to care of property exists. We are required to hold aloft these qualifications and we must possess them ourselves. Briefly, graduate nurses should never feel they have arrived. Our profession calls for endeavor toward perfection and pursuit of ideals, even more than other professions, and no branch of the work offers better opportunity for this, than do the country's services.

That the nurses have gained their foothold in the Navy and are appreciated, proves the aptitude of the nurse in general. Much more could have been accomplished and a higher standard raised with nurses imbued with the dignity of their profession and knowledge of administrative work. The military nurse has as patients, officers, whose keen intellect and knowledge of the world and its wonders, give her inspiration to read and learn; men of the Marine Corps and the Navy who, though sometimes crude, are manly and great-hearted, and whose grit in suffering makes the nurse wonder, for she sees very little of such forbearance in civil hospital life.

She becomes thankful that she has a position where she can help such lives, giving a little comfort to those whose chosen work makes them hardened and forgetful of self in preparing for the defense of their country. She works in hospitals where equipment is keeping pace with all up-to-date methods; and with doctors who appreciate her profession and who depend upon her ability, efficiency and obedience. Doctors in the Navy are abreast with their profession and they are willing and anxious to help her and support her in her work. At various hospitals the doctors give weekly talks on different subjects and it is making a deep impression on the nurses, increasing the spirit of loyalty and of interest in the service.

The Navy nurses have had much to bear from the manner of many who did not approve of the nurses when the Corps was established, but they have overcome this opposition until, now, even those who were most bitter approve and appreciate her efforts.

This keen-minded body of women can readily appreciate that there is even more at stake when a graduate nurse who chooses the Army or the Navy Nurse Corps fails in professionalism, in efficiency and in neatness. I wish I could impress both superintendents and graduate nurses with the importance of keeping these qualifications ever before the pupil nurses, giving them greater opportunity for executive experience.

COMMENTS ON NAVY NURSING

By J. HERTER

The duties of a chief nurse in the navy are varied and her responsibilities are many. She assigns the duties of the nurses after consultation with the commanding officer or with the executive officer of the hospital. She is responsible to the commanding officer for prompt compliance on the part of all nurses with orders issued by proper authority; she is responsible for the proper conduct of the duties assigned to nurses and for the maintenance of order and discipline among them. It is also the duty of the chief nurse to see that all hospital corps-men assigned to duty in the wards over which she has supervision are properly instructed in their nursing duties, and she takes such part in their instruction as the medical officer in command of the hospital may direct.

Instruction in medical and surgical nursing, in dietetics, and in massage is given the hospital corps-men by the nurses. The importance of the thoroughness of this instruction is apparent when we consider that in some instances on board ships, and often during land expeditions, a hospital corps-man may be the only person available possessing even the rudiments of this knowledge and that he must take the initiative in emergencies requiring first-aid work.

The advantages of having only graduate nurses in the service are such as are derived in any institution from having trained assistants; besides, a woman who is a graduate of a training school should possess greater poise and dignity, qualifications which are indispensable to success in this service, than a woman just entering a training school would have.

When the nurse in the navy fails to prove that she possesses these qualifications the failure is more wide-reaching and disastrous in service work than in civilian hospitals, where the inefficient is more easily replaced by the efficient nurse. In the navy the trained nurse stands forth with disconcerting prominence and her lack of professionalism and her inefficiency cannot be hidden nor excused.

There are many things which are demanded of a nurse in this service aside from the supervision of the nursing care of the sick. She has a large measure of administrative functions added to her strictly professional duties. Such should be welcomed by her and not frowned upon because they interfere with professional work. My experience leads me to suspect that the nurses who complain loudly about the interference of administrative duties with nursing work, probably would not be a success as nurses even if relieved of all executive duties. The development of administrative ability should broaden, not narrow, actual nursing ability,

but unless combined with tact and adaptability, the possession of executive ability does not effectually avail a nurse in this service where military methods are combined with discipline.

Familiarity with subordinates and co-workers always proves inimical to the efficiency of a nurse and lowers the standard of her discipline and adversely affects the prestige of the entire nurse corps. The effects of such lack of dignity are infinitely more disastrous and far-reaching in a military hospital than in a civil institution.

So then, the special qualifications essential to efficiency in the naval nursing service are infinite tact, executive ability, dignity and poise, the lack of any one of which proves a serious handicap.

It follows that superintendents of training schools recommending nurses for this administrative work, this teaching work, this work among men, should take into consideration the necessity of candidates possessing tact, executive ability, teaching ability and the dignity and poise so obviously necessary in this particular environment. Many superintendents, in recommending graduates, fail to appreciate that for this work, women who are inclined toward the frivolous are not qualified, and that the possession of executive ability and teaching ability are indispensable to success.

Many training schools give little preparation for executive work, and to my mind, the failures in the navy reflect as much upon training-school methods as upon the individual who fails.

We hear many comments upon the lifelessness of nursing work in military institutions. This need not be so in the naval service, and to my mind, depends entirely upon the individual. The majority of the naval hospitals are situated near large cities lending endless historic and literary interest, and because of the abundant time for recreation and the opportunity afforded by extensive travel, a rare chance is presented for development along broad, cultural lines. Even while stationed on duty at the smaller stations, one may gain diversion and development by identifying oneself with some civic organization or by interesting oneself in some sort of social work, for no community is too small to have its peculiar social problems.

WORK TO WHICH NURSING HAS LED

By ELIZABETH GOLDING, R.N.

Statistics, as a rule, are deadly dull. In going over a list of 800 graduates from one of the leading hospitals in the country, I have found occupations listed as following, which may be interesting: superintendents of hospitals, training schools and clubs, social service and settle-

ment workers; school, tuberculosis, district nurses; cripple schools; operating rooms; office, store, business managers; housekeepers, resident nurse at boarding school; chaperon for parish workers; deaconess; missionary; Red Cross; state inspector of nurse training schools; professor of Teachers College, Columbia; physicians; dietitian; bacteriologists; registrar; teachers of various kinds, dancing included; "married;" "at home;" and, last but not least, private nurses. In New York state a new position under civil service, that of fire inspector, will soon be open to our profession. Several nurses have already passed the examination and are hoping for early appointments.

There are many radiations of our work and from among the many, I will comment on two which are comparatively new, bacteriologist and teacher of deep breathing and corrective work.

Bacteriology: At the research laboratory in New York, which, doubtless you know, is a part of the Health Department, are positions for bacteriologists. The positions are obtained through civil service examinations. The laboratory assistant receives a salary of from \$600 to \$800 per year, bacteriologists from \$1200 to \$1800. There is a certain amount of routine work done, such as the bacteriological examination of milk and water and the preparation of mallein and tuberculin, in addition to the strictly research work. The hours are from 9 a.m. to 5 p.m. in winter and from 9 a.m. to 4 p.m. in summer. One nurse who has been doing this work assures me that it is exceedingly interesting, but doubts if the low salary will be an inducement to many.

The teaching of deep breathing. After five years of nursing and five years spent in charge of a hospital, which resulted in a complete nervous breakdown, Jane A. Wright, a graduate of the New York Hospital Training School, decided to take a course in deep breathing for the improvement of her own health. This course led her to make a complete investigation of the merits of deep breathing and corrective work. Her first and greatest difficulty was to find a suitable teacher. An advertisement in a magazine which read, "Learn how to breathe and be well," attracted her attention. Later, at a convention of nurses held in Philadelphia about ten years ago, a paper on the subject of deep breathing was read. A friend took the subject to Miss Wright who investigated still further. A teacher (not a nurse), in New York said that for \$40 she would "make her well" for \$800 in advance she would teach her to teach. This tempting offer was not accepted, but other teachers were sought, who charged \$4 to \$10 for each half-hour lesson. Patient investigation, practice, and exercise has led to a complete mastery of the subject, so that now Miss Wright is considered an authority and is in perfect health.

She has her own system and clientele and numbers among her patients some of the best doctors in New York who also send their patients to her for treatment and instruction. These doctors include surgeons, gynecologists, obstetricians, nose, throat, nerve and children's specialists.

The latest branch which she has carefully worked out is along the line of orthodontia, working with children who are in the hands of orthodontists, beginning with children as young as seven years, giving them the deep breathing instruction to further correct the work. There are three links in the chain: the surgeon who removes tonsils or adenoids; the orthodontist who straightens the teeth by broadening the arch of the mouth and corrects any facial deformity due to protruding, misplaced or misshapen teeth; the instructor in deep breathing which corrects mouth breathing, broadens the chest and lessens the tendency to the contraction of colds by building up the general condition of the child.

Miss Wright maintains that to make a success of this work, only a graduate nurse ought to undertake it. The instructor ought to know well the physical condition of her pupils and in her zeal for corrective procedure ought always to keep in mind the pulse and strength of the pupils and never lame or over-work them. A keen judgment is needed, particularly in heart cases. As with oxygen, one burns excess fat, so with suitable exercises one can reduce in weight or build up in strength.

The work is remunerative, appointments being made and charged for if not kept. The length of the lesson depends entirely upon the condition of the pupil, it is never longer than thirty-five minutes nor less than ten.

The success of the instructor depends largely on her personality and her ability to impart the knowledge without doing the work herself.

OPPORTUNITIES FOR ORIGINAL WORK IN THE IMPROVEMENT OF HOSPITAL APPLIANCES

By NANCY F. ELLICOTT, R.N.

It is very difficult to secure any amount of information which is authentic as to the invention by nurses of hospital appliances, yet there can be no body of workers who should have added more to the ingenious devices for the promotion of the comfort of patients than these women who are daily struggling with the problem itself. There are several reasons for the lack of data. First, the nurse to whom comes a vision of some improved method of accomplishing a certain object, is usually eager to see her patient made more comfortable, or certain economies established, and fails to realize that her ingenuity has created a new

something that may be commercialized. Second, all manufacturers of appliances are looking for new ideas and are very quick to develop, as their own, any practical device of which they can obtain any information, and are all the more eager if the question of royalties has not to be considered. It is often thus that the individuality of the inventor is totally lost, which is, perhaps, unfortunate since the acknowledgment of useful work is a stimulus that applies to nurses as well as to all other human beings. Much valuable work has, no doubt, been accomplished, but each year brings further possibilities and it remains to be seen how effectually nurses are going to take up their part of the burden.

What can be done to economize steps, conserve strength, secure additional safety, and bring more comfort to suffering humanity in the home as well as in the hospital? In many hospitals the provision that is made for the screening of patients in the open wards, is totally inadequate. Often this is accomplished only after three folding screens have been bodily carried from one end of the ward to the other, necessitating three trips and considerable expenditure of strength. Screens with folding wings, mounted on rubber-tired casters, may be secured and these may be readily moved from bed to bed, but there should be a better method. Would it not be possible to incorporate a screen in the wall at the head of every two beds, that could be simply adjusted at will, screening either one or both beds?

How many wasted steps are taken in the effort to move beds! Most large hospitals are totally dependent upon the use of trucks, expensive, cumbersome and noisy. The majority of these trucks require a man to handle them and must be adjusted to each bed for every move made. Do we realize what the moving of our beds at such disadvantage is costing us? There is now on the market a bed provided with six-inch rubber wheels and equipped with a braking device, this to keep the bed steady when so desired. These beds can be moved by nurses with almost the same ease as can a wheel-chair, and the saving in orderly service alone would, in a large hospital, aggregate many dollars a year. There need be no time wasted by the nurses waiting for orderly and truck, and the moving can be promptly, smoothly and satisfactorily accomplished.

Consider the distance travelled per day by the nurses in carrying to and from the wards clean and soiled linen. How many of us have seen a pupil nurse staggering under a burden of soiled linen taken from a sick person's bed and clasped closely in her arms against apron or uniform, this to be carried the length of the ward and be deposited in the soiled clothes room or the linen chute. A carrier has lately been devised which is constructed of iron piping and mounted on rubber-tired casters. Upon the carrier is suspended a canvas bag, which is easily replaced, for

the reception of soiled clothes. These carriers may be taken into the ward, as many as are needed, and as the clothing is taken from the bed it can be placed in the bag where it remains until delivered at the laundry. The problem of delivery of clean linen could be equally well solved by the use of a light truck mounted on twelve-inch rubber-tired wheels. This truck could be stocked with linen, bath blankets, etc., by a senior nurse assigned to this duty, either early in the morning or the afternoon before. It could be wheeled to a central position in the ward, and to each nurse could be distributed her linen supply in much less time than would be required should each make her several trips to the linen room.

Perhaps one of the tasks most wasteful of the energies of the nurses, is the serving of meals. Who of us has not travelled many miles carrying single trays from kitchen to patient and then repeated her trip several times to serve dessert, etc? Why should not an economy be practiced here? Trucks could be constructed, provided at the top with racks to accommodate a certain number of set trays. Below could be placed shelves of cassettes partially enclosed, these shelves having an electric heating unit beneath them. A connection with any electric wall socket for a short period before the time to serve the meal, would so warm the cassettes that hot meals could easily be transmitted from kitchen to patient, not one at a time, but in quantities.

The modern use of electricity opens out to us an endless vista of possibilities. What has already been done seems almost miraculous. The improving and controlling of lighting for operative purposes alone has revolutionized operating rooms; the application of heat so easily measured and tested to legs or small portions of the body; the conveniences in the shape of portable working stoves and utensils; all are commendable improvements. There are unquestionably other uses for this great boon to humanity that are not yet developed. Opportunity again is before us.

Of the many useful articles already made possible by the ingenuity of nurses, we will not tarry to speak at length. Simplified methods of medication or administration of treatments, team work in the routine of the wards, devices of all kinds for the promotion of the comfort of patients, all these things in large numbers redound to the credit of our nurses. But are we all as watchful as we might be? Are we not rather inclined to accept the old methods with which we are familiar, and not as alert as we might be to see the possibilities for improvement. "Necessity is the mother of invention." Let us not wait for dire necessity to prod us into activity, but rather anticipate the needs and be prepared to meet the emergencies with something new.

NEEDS AND OPPORTUNITIES FOR POST-GRADUATE WORK

By GRACE E. ALLISON, R.N.

If we look through the announcement columns of *The American Journal of Nursing*, as well as through many other periodicals pertaining to hospitals and nursing work, we find an increasing number of institutions offering attractive inducements to graduate nurses who wish to pursue advance work. The majority are from hospitals, but of recent years an increasing number of announcements appear from organizations offering preparation for district nursing, social service, or some phase of public health work.

We find the courses for post-graduate students in hospitals have, in the majority of instances, a training school in connection, and the post-graduate work appears only as a supplementary course.

Owing to the lack of educational standards in a very large number of training schools, considering the commercial, as well as the many educational and philanthropic institutions, it would be assumed that the post-graduate student would require a special schedule of instruction, both to enable her to gain that for which she entered, and also to supplement her deficiency for a proper foundation for advanced work. In our hospitals, under the present system, we find her looked upon more as a sort of probationer, and in innumerable instances she shares the duties of the latter in the routine cleaning, dusting and preliminary work.

Unfortunately, we find little or no provision made for this student in the large majority of hospital schools. In one circular for post-graduate work, the only reference to instruction lay in the following words: Lectures in Gynecology, Obstetrics, Surgery, Bacteriology and Social Welfare Work will be given. From several students who had undertaken this course, it was learned that even these were not given regularly. Another circular was still more indefinite, stating: Post-graduates have the privilege of attending all practical demonstrations, lectures and clinics which are given for the training school pupils—when off duty. Evidently the course was not instituted for the education of post-graduate students, and we are obliged to draw our own conclusions in many other instances where post-graduate work is carried on.

Some hospitals depend entirely upon post-graduate students for the nursing of their patients. Unfortunately, the replies to a questionnaire sent these institutions are so meagre that it is impossible to gain definite information as to the amount of instruction actually given. In one school, the only reference to instruction was to the effect that the

students, when off duty, were permitted to attend the lectures given to the medical staff.

As far as we are able to determine, judging from the lack of opportunity provided, the problem again resolves itself into the well-known difficulty, that of the demands of the hospital in getting its nursing done with the minimum amount of expense.

It is not possible to make a fair and accurate statement as to why there are so many clamoring for post-graduate work. The increasing number of eligible students entering the Department of Nursing and Health, Teachers' College, and later successfully filling important posts, prove that satisfactory provision is made for these students. The large number of well qualified women undertaking post-graduate courses in public health work convinces us that these courses are maintaining high standards and are receiving the desirable type of women.

Other students, ambitious and energetic, with visions of better conditions for the future nurse, may be unable or ineligible to undertake this work. The aim of such a student in the profession may lead her into a pursuance of more practical nursing experience. Some wish to learn the advances made in the scientific investigation of disease. Others desire to make a study of the practical management and organization of an institution. Others are looking for the newer methods in nursing work, and some are preparing themselves for institutional positions. Still another class of students wish to become acquainted in a new locality for private nursing, and whether the motive be a selfish one or otherwise, there is a great opportunity on the part of the hospital to broaden and enrich the former, to awaken to her responsibilities and deficiencies, and to stimulate to action in a proper channel the latter. Both are equally great.

There has been an awakening in the field of public health work to the need of properly prepared nurses and social workers. The fees charged, the carefully planned courses of instruction, some affiliated with colleges and universities, and the use of the home as a laboratory, where the work is carefully supervised by competent instructors, make these courses very conspicuous in comparison with the hospital post-graduate course.

The almost universal expression of discouragement regarding the education of the post-graduate student is not without apparent cause under present conditions. Owing to lack of uniformity in educational standards, it is almost impossible to classify these students. All need proper theoretical instruction, and many have not the fundamental knowledge to cope with other students in the same class. Many are bright in grasping practical methods, and owing to lack of theoretical instruction, are unable to correlate the theoretical with the practical.

Students of the class we are in search of have not, in the past, been able to acquire satisfactory recompense in their efforts for post-graduate work. Many announcements and circulars have been, and many still are, deceptive, with the result that desirable students are turning to other fields of work. The demands of the hospital, calling for nine and ten hours of constant hospital service, make it difficult, not only to demand further hours of class work, but also permit little time for study and preparation. So few instructors are provided that the individual needs of the applicant are given little consideration.

As a result of our experience in this work, however, we still are not only optimistic in our views for the post-graduate, but enthusiastic in our efforts for her. From a careful study of one school requiring nine hours of hospital duty, the following was gathered. Five hours of class work were required weekly. Feeling that it was unreasonable to demand or expect more hours of class work, several elective courses were instituted. From a class of 43 students, 34 elected a further course in Dietetics, requiring two extra hours of class work weekly. Sixteen students elected a review in Anatomy and Physiology, requiring one hour of class work weekly. Twenty-nine elected one hour's class work weekly in Hospital Management. The students were an eager, teachable class of women, and considering that one hour's class work requires not only preparation from text-books, but writing notes and examinations, it is unnecessary to state the students were eagerly absorbing all possible opportunities open to them. The following statistics were gathered from thirteen of the most prominent schools offering post-graduate courses. From the five schools offering the maximum amount of instruction and opportunity to post-graduate students, there were over 1800 applications in 1913. From the five offering the least amount of instruction, and therefore requiring less work on the part of the pupil, there were but 414 applications in the year.

Four of the five offering the maximum amount of instruction have paid instructors. Of the five schools, offering no instruction, or little, there were no paid instructors to teach. Only four of the thirteen required students to have text-books. The majority give a certificate or diploma after the completion of the course, with no examination.

Many students leave the schools, having served periods of from four months to one year, of long hours of duty, having had little instruction, and performing the routine duties, with but little broader knowledge than when they entered, and having received for their services \$7, \$10, \$12 or more, monthly allowance.

All will doubtless agree that there is need for reform. With compulsory state registration, we will have a more uniform standard of educa-

tion in our training schools. With this as a foundation upon which to build, schools offering post-graduate work should be compelled to fulfill their promise. The ambitious student should have opportunities whereby she may develop and prepare herself for advance work. Much of the continued daily routine should be eliminated from her list of duties. Her inferior position in a school should be raised if we are to attract the desirable student. In other words, she must meet encouragement for better things from her entrance.

The question naturally presents itself: How is this to be accomplished? First, the post-graduate course must be looked upon as an educational school, and the hospital as the laboratory for the application of all principles of nursing work. The services of a post-graduate student should not be secured for the purpose of providing mercenary profit to the hospital. This should be met by a sufficient number of salaried nurses. The present plan of the hospital paying a small amount to the student should be reversed. It is only logical to expect that she pay for instruction designed especially for her. These fees, however, should be used for instructors, equipment and such needs as will be a benefit to her. Endowments for this work would be very acceptable. The hospital, as a laboratory, should offer within its walls, as well as by affiliations, varied opportunities in not only fields of nursing, but social service and public health work. A social service department, established for the benefit of its employees, would greatly tend to broaden and stimulate the sympathetic development of the nurse, and would fit aptly with such post-graduate work. The individual needs of the applicant should be carefully considered and courses offered sufficiently varied that she may select those best suited to her needs and fitness.

The question as to how the hospital will provide for the nursing of its sick presents itself; and also, where can the opportunities for the post-graduate student best be obtained?

A large general hospital seems to be the desirable type. If a training school were established in such an institution, there is no reason why the post-graduate student should be sacrificed in order to meet the deficiency in the number of training school students. An adequate staff of salaried nurses should be provided to meet this. If the school were purely post-graduate, as many are at present, adequate provision should be made for the carrying on of routine work by another class of workers, the greater part of the students' time being devoted to demonstrations in nursing methods under close supervision.

And while we realize keenly the difficulties to be overcome, both on the part of the institution and those of the student, let us abolish for the moment the title, *The Needs and Opportunities of Post-Graduate Work*

and substitute *A Plan for Wider, Broader, and Greater Opportunities for the Ambitious Post-Graduate Student.*

The discussion was opened by Nona Charles, Chicago, and a general discussion followed, after which the meeting adjourned.

SECTION MEETING, BOARDS OF EXAMINERS

The section meeting on Boards of Examiners was held on Saturday afternoon, and in the absence of the chairman, Lucy C. Ayers, was presided over by Marietta B. Squire, of New Jersey.

The following paper, written by Jane Ellenbeth Hitchcock for the New York State Nurses' Association, was read:

REPORT OF THE BOARD OF EXAMINERS

Last year, in our report, we tried to tell of the encouragements that come to us in the results of our examinations. This year, we ask you to listen patiently while we point out some of the unsatisfactory features, and some of the real difficulties, connected with this work.

There are five examiners on the Board, and upon them devolves all the detail of the examination work. This June, there were 640 applicants for State Registration. Picture to yourself the irksomeness of reading the answer to one question 640 times; then remember that each paper calls for answers to ten questions. That makes 6,400 replies to be rated in each subject. Then, again, recall that there are seven subjects to be divided amongst a board of five, and your mathematics will show you that some examiners must be responsible for two topics. These unfortunate beings, to whose lot the two subjects fall, read and rated two times 640 or 1,280 answer papers, and this with the Department of Education urging that the markings be reported to them within two weeks after the date of the examination! The already busy lives of the examiners makes this absolutely impossible, and from four to six weeks must elapse before the task can be completed. Lack of time is not the only stumbling block. The monotony is horrible; it stupefies the brain and one finds it impossible to mark long at a sitting.

So tiresome is it that one welcomes the diversion of a stupid answer. Illiterate or foreign papers provide a variety and often a bit of humor. The poor creature of limited vocabulary was a real oasis in a desert of weariness who, when asked to describe "the healthy movements of a normal infant," answered, "The child lies on its back, kicks its heels, and waves its arms in the air."

However, it is not upon the written tests that I wish to dwell this morning. Laborious though they are, their difficulties slip out of consciousness before the magnitude of examining this large group of women in practical work. The ideal practical examination involves, of course, the care of the patient during twenty-four hours, the daily settling to rights of the room, the morning attentions, bathing, etc., the preparation and administering of nourishment, the intelligent grasp of the doctor's treatment and the technique in carrying it out. If each nurse could be given the care of a real patient for only a few hours, an opinion of her fitness for practical work could be easily formed. Obviously this is impossible, and with 640 women to be examined on three afternoons, the problem is terrific. However, though the practical examination is necessarily done incompletely, we maintain that it is most important, and that there is a distinct value in recording the impressions made upon the examiner at these demonstrations. The manner in which a bandage is held or a sheet spread out upon a bed may demonstrate deftness and accuracy in detail, and a quick oral response to a question is an invaluable indication of flexibility in mental processes, and is a clear indication of self possession and poise.

But fancy the problem of five women trying to put even these simple tests before this large body of nurses. In New York and Brooklyn, the situation has been somewhat relieved by the preliminary practical tests which are held during the month next prior to the examination, in schools where the number to be examined is large enough to justify the time of the examiner. Arrangements with the superintendent of the school are made beforehand, and, in most cases there is adequate space and preparation for the conduct of the examination. Last June, 154 were tested in these preliminaries, in seventeen afternoon appointments, in New York and Brooklyn, but nevertheless, when the examination week came around, there remained 203 still to be examined in the three scheduled appointments. Two examiners work together on the scheduled dates in New York City. The other three are occupied in Albany, Syracuse and Buffalo, and in Ogdensburg, Rochester, Utica and Binghamton irregularly, according to the schedule given in Handbook No. 12. In order to meet these appointments, the examiner is forced to make a hurried trip from city to city, often taking a night train after a day of strain in one place to meet an equally anxious group at the next.

It would be a pity if these years of experience had not taught us what sort of questions can bring the best results under the existing conditions. Please emphasize in your minds those last two words, "existing conditions."

The Board has wished that a central examining place might be pro-

vided, in which separate rooms could be devoted to the different aspects of the examination. Possibly in a large city like New York or Rochester such a plan could be worked out, and several weeks devoted to the test. We understand that a dental demonstration usually consists in the complete filling of one cavity or performing fully some definite act. This is doubtless out of the question for us, and we must make the most of what poor material and little time we have at hand.

By the skillful use of screens three or four nurses can be kept at work at the same time. While this method economizes time, it minimizes the possibility of personal attention and creates an atmosphere of haste that reacts unfavorably upon the pupil. When the examiner finds time to give the pupil a few personal words, possibly friendly questions about her training and school, the nurse gains in poise and almost invariably shows a better response to the test. But this is usually quite impossible, and the nurses must be called into the examining room as rapidly as possible in order that the volume of work may be accomplished. This lack of time also enormously limits the choice of questions, and the length to which a demonstration can be carried. Subjects that would be most illuminating must be omitted for this reason, and the examination has to be conducted on the basis of simple questions that require the minimum of time. If the number of nurses who take the examination continues to increase, as it doubtless will, it cannot be long before it will be incumbent upon the State Association to devise some method of relief, for it must be remembered that the Board of Examiners is composed of women already busy with their own occupations. Each is active in some responsible work which rightly absorbs all of her working time. Were it possible to give undivided attention to the subject, a plan of the whole examination period could be more satisfactorily worked out, but at present we can only say that we are doing our best; that we believe in the general method of the examination as now conducted, and that its results seem to us a justification of the claim of the nurses to state recognition.

MISS SOUTER: I wish to ask whether the majority of examinations are conducted in state capitals; if the majority of laws call for that?

The replies showed that Illinois, Virginia, Kentucky and Indiana do not designate the place.

MISS MELLICHAMP: How many boards require practical demonstrations?

The replies showed that Maryland, Pennsylvania and Colorado do, and that the period of time required for each demonstration varied from fifteen to fifty-five minutes, in Maryland.

A discussion as to the regulations for allowing candidates who have

failed to try again, brought out the following points: in Maryland, a second examination may be taken under the same fee, a third examination requires an additional fee, the examination is given only on the subject on which the candidate has failed; in Minnesota there is a charge of \$3 for each subject in which the candidate has failed; in Michigan a subject in which a candidate has failed must be tried again; also in Connecticut, where if a nurse fails in more than three subjects, she is not allowed to take another examination, but two opportunities are given to try one subject over, without additional charge.

A letter on the remuneration of boards written by Mrs. Hurst of Baltimore, was read by Miss Tittman, as follows:

We are entirely convinced that it will be necessary to have our fee raised. We have gone into the subject thoroughly and it does not seem possible to restrict expenses. We have a desirable location in the Medical and Chirurgical Faculty Building, but as we share our room, and its rental, with the State Association and the Central Directory for Nurses the arrangement is more economical than any that could be made. The salary of the secretary and treasurer is \$100 which covers all services including time given to correction of examination papers, etc. Other members of the Board are paid at the rate of \$5 per day, but we are penitilious in not charging for a fraction of an hour too much, and usually underestimate the time, a custom that might pertain temporarily, but one that is not fair to hand on to subsequent Boards; even so we have a yearly deficit. It is not our intention to pay Board members at an increased rate, when the fee is raised, but to pay at the present rate for all time legitimately spent in the Board work to make it possible for busy women to go into this work.

Concerning the fee; our records show a continuous yearly deficit (with the exception of one year) since the beginning of the examinations, October, 1907. Our total balance in bank, which is still good though continually decreasing, is our legacy from the never-to-be-repeated rush of applicants under the waiver.

Our legal advisers urge upon us the necessity of keeping an emergency balance. We have recently sent a circular letter on this question to all registration states. To date, we have heard from sixteen. Of these, seven have a \$10 fee, and claim to have no trouble in obtaining it. Of the remaining nine states that have written to us,—two are raising the fee from \$5 to \$10; and two write that though their law is too recent as yet for amendment, they regret the mistake of a \$5 fee. The statistics obtained, though incomplete, convince us that we are not alone in this difficulty.

The fee of the Medical Examining Board is \$15; that for lawyers is \$25.

We have considered reestablishment of our balance by charging for retumination (we permit this once without further charge), but this would not cover the deficit, and it is undesirable in many ways.

It is but just to say also that the Board is ever economical, in strict fairness to itself. A large amount of work, repeatedly, is done by members out of the meetings without charge.

A member from Connecticut stated that that Board has a surplus, that they charge \$5 a day for expenses in attending meetings and 30

cents a paper for examining papers. The secretary is allowed to hire stenographic work done.

Oregon reported a surplus, but the examinations have not commenced.

The question of inspection was discussed. As Connecticut had no provision for an inspector and could get none, it works through the State League of Nursing Education and so keeps in close touch with the standing of the schools. Virginia is trying to raise its fee to \$10 to pay an inspector.

Miss Cameron, of New Hampshire, reported that it was not considered fair to judge of a hospital by the number of its beds, but by the number of days spent in the hospital by patients.

Miss Tittman of Illinois, reported an appropriation law which allows the board \$5120 a year for expenses. Last year the Board turned into the state treasury \$7112. In regard to the marking of papers, members are paid for one day's work of 300 papers. The salary of the secretary, who is also inspector, is \$1400, and she is allowed no per diem allowance in addition.

Oklahoma, Indiana and Connecticut reported advisory boards to work with the Examining Boards.

In regard to the nomination of candidates for the Board, Virginia makes its seven nominations in the general meeting of the state association, New Hampshire does the same. After some discussion it was decided that the section recommend as the better plan the nomination of candidates by the Executive Board of the State Association, rather than by the whole assembly. In Oregon and New York the nominations are made by the nominating committee and are then voted upon by the whole assembly.

The opinion was unanimous that the Board of Examiners should report yearly to the state association, in order to keep its members interested and informed.

A discussion as to the work of the secretary of the board showed that in every state it is enormous, and that the extent of it is little realized by the members, who think \$100 a year a great deal to pay her. It was suggested that a secretary be paid by the hour or day, rather than by the year, so that the amount would depend on the amount of work done.

Miss Mellichamp of Virginia asked how many state boards allow candidates to take the examinations before graduation. Of those present, Illinois, Indiana, New Hampshire, Oregon and Connecticut do.

MISS TITTMAN (of Illinois): In our State, the applicant who has not yet completed her course is allowed to present an application, if she is within three months of the completion of her course. She fills out the same kind of an application as

the regular applicant does, and is required to give a certificate as to the date on which she will receive her diploma. Then she is sent a card of admission to the examination. At that time she does not present her diploma, but her card is checked, and she is obliged to present her diploma before her certificate is forwarded to her.

Mrs. CHASE: In Maryland we have a special blank. Certificate A is sent with the application blank if the applicant has received her diploma; and certificate B is held by the superintendent if the young woman's time is not completed, and is forwarded to the Board at the expiration of her time, stating she has received a diploma.

The rest of the session was occupied with discussion of reciprocity fees, the passing upon preliminary requirements by a board of education, and on instances of attempted evasion of the law.

EVENING SESSION

Held in conjunction with the National Organization for Public Health Nursing, the address being given by Frederick L. Hoffman of Newark, N. J., on Records and Statistics.¹

SUNDAY AFTERNOON SESSION, APRIL 26

This session was held in conjunction with the National League of Nursing Education and the National Organization for Public Health Nursing, Mr. J. Lamberger Davis presiding.

The invocation was given by Rev. John W. Day.

THE PLACE OF RELIGION IN THE LIFE OF THE NURSE²

By CHARLES T. EMERSON, M.D.

The evolution of human institutions and the professions which we serve is as truly evolution as that of the human body. We can recognize in the development of these two professions, the medical and the nursing, the infant stage, the period of growth, the period of adolescence, and the period of adult efficiency, as we hope. But the evolution of these institutions, which comprise many individuals, differs from that of the single individual in that there is no need why it should come to a termination, for there is no death to contemplate. Smility has no natural place in the development of any organization or profession which is able to remain useful to that part of the community which it is destined to serve, but if at any time a profession ceases to be useful, tries to remain at a certain stage of its development and to prevent the modifications

¹ Reprints of Mr. Hoffman's address may be obtained from Ella Phillips Crandall, 84 East 34 Street, New York. It will appear in the August Journal.

² This article is printed from a stenographic report, as there was no manuscript.

that enable it to meet new conditions, then sanity and death come as a natural consequence. The great danger in organization for any profession is in the tendency to stereotype its activities, to hold it as it was, to prevent any radical change. The full grown man does not resemble the babe, and yet the latent possibilities of the infant are those which manifest themselves in the full grown man. There has been no increment from the outside, merely development of latent possibilities and capabilities and potentialities which were in the baby from the beginning.

If therefore the nursing profession finds itself confronted with work unlike that which it supposed to be its field of activity, it must remember that it may have been formerly in the infant period and now has come to the time when it must undertake the work of a full grown individual. We must remember also a and although true fact in human evolution as we know it—I am not speaking of the evolution that goes further back than the history of man—and that is that it comes as if the individual were of little consequence; it is the development of the organization as a whole which seems to be of importance. I speak of this because there is great danger that the nursing profession, as has the medical, will through improper use of organization and through the laws which were advocated in order to hold things in more or less stereotyped form, strive to prevent evolution upward.

I look on the nursing profession as equal to my own, and as second to none in importance, a profession that does not know yet how great are the responsibilities that are to rest on its shoulders. The medical profession can advance a certain distance, then it must turn the work over to the nursing profession, and I must be pardoned if I seem to urge, too much, the danger in trying to hold things as they have been in the past in order that we may be very kind to those who have developed the past organization. We must rise to new duties, forget those things which are behind and, reaching out to those things which are before, seek not a sphere which does not belong to us but a sphere which we are intended to fill, for we are just beginning to realize how much greater in the future will be the responsibilities of those who belong to the healing arts and sciences than in the past they have been.

I am going to talk a good deal about medicine and the medical profession. I think I understand the medical profession better than I do the nursing profession as it presents itself. On the other hand, my argument should not rest upon analogy, because an argument from analogy has no weight unless it is true. Medicine is not one profession and nursing another, but both are parts of the same profession, and influences which develop one will develop the other, and underlying laws bringing out characteristics in one will bring out similar characteristics in the other.

There is no more attractive individual in literature than the old doctor, the man who gave his life to his work. He could do little for his patients; he could do more than the family could, of course, but his knowledge and skill differed from theirs only in degree, not in kind. He was a little wiser, a little more skillful, but the average housewife was able to judge pretty accurately just how good a doctor he was. He was a man who received very little for his work; he must have loved his fellow man since he served them certainly not for gain. But, after a while, beginning with the work of Rokitansky in 1840, a change came over the profession, which was not the result of the activity of the general practitioner. But though it may have been superimposed on the work of the general practitioner it was the outgrowth in fact of that which has always been latent in the medical sciences in general. We recognize what diseases are, rather than what symptoms are, we recognize the difference between feeling sick and being sick, that some persons who feel well are mortally ill, and some who are suffering acutely have nothing the matter with them, some feel daily better who are going to the grave and some feel worse and worse who are getting well. We know there is no necessary parallelism between the symptom today and the disease. At any rate we know what diseases are and what symptoms are. The work of Rokitansky led up to the work of Pasteur and those who showed the causes of disease, and so step by step to the logical cure. So the doctor has in his power a therapy far more potent than his father or grandfather had. And although his intentions may be just as lofty as theirs, unless he is skilled in these facts, unless he is versed in the advances of medical science, true science, not the newspaper kind, he is not meeting his responsibility. And he will have to stay awake late nights to keep up with the water that has run under the bridge since he ceased his early studies! That means a great deal more responsibility in the care of our patients. We recognize that the training must begin with boyhood, that it must begin at least in high school! that a man must have at least two years of college before his medical work begins, if he is to have that foundation of knowledge that is essential. Of course it is possible to go through the movements of modern medicine; the sales agents of the various drugs which have wonderful claims on the outside of the package would make it as though it were easy for any practitioner to treat his patient in these various ways, and yet we must insist that although he may go through the form he cannot truthfully do so, any more than a team of men could compete with a six cylinder automobile, or a man who had been used to working as a blacksmith could trace the expansion and contraction of iron in a bridge over the Mississippi. In the mechanical sciences it is necessary to have training, in mathematical and scientific matters it is

necessary to have training, and this notwithstanding they rest on the foundations of the arithmetic that was studied in the public school. I emphasize all this for reasons that you will see later. When it was seen that the medical profession was not such a self-sacrificing work as had been supposed, America went through a remarkable phase of establishing medical schools, and although she never needed more than thirty, she was able in one decade to establish 450, only 100 of which were in existence ten years ago. This number has been reduced by one-third, and we have confidence that before many years we can make a further reduction of thirty, and that the time is not far off when there will be but fifty or even fewer schools to train young men or women, these giving the best in medical science and not going through the motions simply. By a process of elimination on the one side and of elevation on the other, we hope to develop medical schools that will give a training to their students that will enable them to give the best scientific treatment to the patients because they thoroughly understand the underlying principles upon which this new therapy stands. I am not speaking of theoretical methods, but of those that are well recognized and substantiated. We need doctors so trained that they can bring this knowledge to patients as part of their daily work, because each patient has a right to enjoy the best that medical science has to offer.

The trouble is that the public knows nothing of this form of medicine, knows nothing of the drugs that have twenty or thirty letters in one name, nothing of these toxins and antitoxins, or of the various new nonmedicinal treatments that are of such value, and therefore they have to trust, in a great measure, to the physician. Since that is the case, we recognize that our graduates must be not only skillful but also reliable. For that reason some have taken a firm stand that no matter how bright a young man may be, if we have any reason to doubt his moral integrity, no diploma shall be given, because the public have a right to demand that we of the medical faculties shall judge not only of a young man's ability but also of his integrity, in order that the men who go out from there into the world shall be men of whom the public can absolutely rely in a realm of medicine concerning which the public cannot judge.

It means more than this. It means a man must be a man of spiritual quality. I am not speaking of any form of religion. He must have a soul which soars toward better things, which strives upward not for itself alone but for the sake of others, for I know of no better test of spiritual experience than that which shows itself in self-sacrificing effort for others, and our doctors of the future must be men not only of integrity but of spiritual vision, because the load which rests upon them now is not a consideration in comparison with that which will rest on them a few decades hence.

If there is one kind of doctor in whom I have little confidence, and I am not now speaking from the text-book or theoretical point of view, it is the kind who is so religious that he is lazy. I have had that experience in social service. In a certain storm we had in Baltimore I remember some that just put on their rubber coats and went out to see what was to be done, and others who stayed at home and prayed that the Lord would have mercy on the poor sufferers. And I can think of some doctors who are not willing to spend half the night in study in order to increase their actual efficiency, but who will make long prayers for the salvation and health of those entrusted to them to cure. We recognize that the young man who has faith in himself as a musician, is the young man who spends long hours in practicing, that the young woman who believes in herself as an artist is the one who will live in a garret on bread and water in order that she may be able to study under a great master, and why should we not expect those who have faith in themselves as doctors to go deeper into work and study?

Not only is the responsibility as far as therapy is concerned increased, but the doctor no longer is permitted to confine his ministrations to the sick room, but must go out into wider fields of influence. He used to be able to say he had no time for outside movements, but now we recognize his responsibility towards his fellows, and that he whose advantages and training give him, or should give him wider vision, is the one to help in the solution of the problems around him. I do not say the doctor should go out of his sphere and undertake a work foreign to his profession, but he must see how his work can be correlated so as to produce the widest results. If ever there was a piece of research work which was so accurate it was the research work of Koch who discovered the tubercle bacillus. That work of the laboratory not only led to the development of certain ways of treating the poor consumptive but had as a direct result certain other things as definite as those benefits to consumptives, fumigation of houses in which consumptives have lived, formation of clauses, now laws concerning spitting on the streets, etc., and therefore this piece of difficult research far beyond the ken of most medical men had as fruits not only scientific knowledge, but laws concerning living conditions and general social consciousness.

The work which Eberth did in the discovery of the typhoid bacillus had as its results scientific methods of caring for typhoid and for tuberculosis, a crusade against the dirty milkman and groceryman.

The discovery by Klebs and Loeffler of the diphtheria bacillus means that now we have diphtheria antitoxin which saves forty out of every hundred children who contract the disease. But the discovery had other fruits just as legitimately its result in the way of the school nurse and the care of the throats of children attending the schools.

The discovery of various germs of venereal diseases was purely scientific, but as a consequence we now can explain and condemn as unnecessary at least 20 per cent of insanity directly, and 20 per cent indirectly, a large amount of our blindness, a large amount of our incurable nervous diseases, and when the state realizes that 20 per cent, and perhaps 50 per cent of the cases supported by the state are the preventable results of venereal diseases, it will be realized that medical men must not only be doctors but pleaders for morals and purity among the young men and women. And this realization is the result of this scientific investigation just as much as are the recently discovered wonderful and mysterious drugs.

The fact that through the conditions of our nineteenth and twentieth century life we are becoming, as the Germans say, a neuroathenic and excitable people, has not only been the cause of an awakening of scientific investigation, but has brought it about that the doctor must be the man to teach people how to live. The fact that so many of our conditions, especially nervous, have their source in the misdeeds of spiritual life means that the doctor must not only be the physician prescribing medicines to be made up at the drug store, but that he must be able to point the way by which people may be at peace with God and man, and that he must always be ready for this duty. In other words, the doctor must be a preacher and a reformer. He cannot escape this logical consequence of his profession without being a traitor. You say he has no time for these things, that they are out of his province? As well might the cherry say it is no fruit of the cherry blossom, or the fruit disclaim the flower that produced it. The two belong to the same evolution, and there is in the one only what was potential in the other; it is simply the evolution of the inherent qualities which from the very first rested in the physician's practice that is involved in this seemingly new field.

Evolution has only gone one step, however. Evolution is a circle, or rather a spiral which, though with every turn it reaches almost the same point, reaches it always on a higher level. The great problem now is not alone the care of the individual but the health of society in general. It is easy to cure 85 per cent of all cases of typhoid, but it is still easier to prevent the incidence of typhoid entirely, and the doctor realizes that his chief duty now is the care of society in general, and not simply the care of the individuals in particular.

It is a very interesting thing that the doctor of the old school had self-sacrifice as the keynote of his work, and now again we are coming to see self-sacrifice as a very center and substance of the doctor's creed. In the city of New York they have now the very best of the medical

man, some of them at salaries not more than one-tenth of their previous income, giving their services for the state, because they realize that the state needs them, and that their moral obligation is to society at large rather than to their clientele of patients in particular. And this is true not of one city, but in general. Perhaps you have thought there was a selfish motive here, but I deny it quite. And therefore this spiral has swept round until again self-sacrifice is a dominant note in the medical profession, and our research laboratories are working with the difficult problems of the day, with the problems of the nervous and mental and spiritual life of our patients.

How is it with nursing? The nursing profession also has gone through an interesting evolution. The day is not long past when the nurse in the home was merely an assistant of the mother or wife, one who could help in the school room, who knew some tricks of medicine a little better than the average woman. Then, thanks to our training schools, she came to reach a little higher plane, and was useful not only to the family but also to the doctor. Then the evolution went one step further, and she was not only useful to the family and the doctor but in some spheres indispensable to the doctor. And next, she was not only indispensable, but came into a sphere of her own parallel to that of the doctor. She and the doctor in some spheres stand as partners, and she is no longer an understudy merely. The evolution has been to a certain extent parallel to that of medicine, and the doctor, looking at the dial of progress, sees the hand sweeping onward and pointing out toward the nurse and showing that she must increase and he must decrease. That is the way we doctors feel about it. And we are thankful that the problem is now such that things which once seemed only remote possibilities are now, thanks to the nursing profession, going to be actual facts:

This development has led to the existence of the general graduate nurse who registers at a certain registry, who is called to a certain family under conditions unknown to her beforehand. She is supposed to be able to look out for any disease that is in the family. That is one of the points in the evolution of the graduate nurse. That would be splendid if the doctors had played fair. But they have not. If the nurse is a graduate she is a nurse able to look out for the general run of patients; she has had the education to qualify her to care for the patients, and she must have had the training. But the doctor has made the nurse turn his grindstone a little too long and hard, grinding his axes for him. We have widespread throughout the country the training schools; every little hospital demands the right to a training school. And why? Because the doctor wants free nurses. He pays them very little; in some of the schools merely enough for their uniforms and text books. In Indiana,

a few years ago, they lowered the standard of admission so as no longer to require even a high school training; I am told we are to expect another change next January to lower the standard still further. If this free service is obtained and the nurses then turned loose to do work for which they have no training in any true sense of the word, I call on the organizations to rise in their wrath and allow no such prostitution of their profession. The nurse must have the training that qualifies her to do the work she has to do. And if her training has been surgical why should her first case be pneumonia or typhoid and she receive the same salary for it as the nurse brought up in the general hospital where she has been trained for that. We needed better medical schools, and now we need better nursing schools, schools that will make the nurses competent to do the work society requires of them, and all I have said of the medical school applies equally to the training school. The excuse for the medical schools has been made that the poor boy ought to have a chance, and so there ought to be poor medical schools. If by this was meant poor financially, then we maintain that the boy had a better chance to get his education at the better medical schools than at the poorer, because if he had it in him to do anything there were greater chances of self-support at the better schools, and there are institutions in the better schools ready to help the student that shows promise. So if it is a question of the boy financially poor, the better school is the place for him, and if it is a question of the boy poor in quality, he has no case. Our A plus medical schools have a larger percentage of self-supporting students than the poorer ones, the kind that used to send me letters when I was a student promising me my diploma if I sent \$35.00.

We hear a good deal about the "practical nurse." If that means a young woman with the gifts that will help her to be a good nurse, I say Yes. Her training will make her so much the better. But if you mean practical as synonymous with untrained, I say No, emphatically.

It must be admitted that the field is relatively shrinking. The average mother knows a thermometer and knows how to use it, and she has studied dietetics, and knows a great deal more about the hygiene of the sick room than before, and what many of them need is somebody to help them rather than to assume full control. But if there is to be a relative atrophy on the line of the general graduate nurse, the extension of another line is great. The field of nursing was never more open than now, for the nurse who is able to specialize and specialize well. Women who are skillful obstetrical nurses never have their names registered, they are engaged six months ahead; nurses skillful in orthopaedic surgery are welcome everywhere they go; nurses who are good surgical nurses

might as well be pampered for the rest of their natural lives; nurses skillful in neurosis could get a hundred dollars a week easily if they knew how. Here is a nervous woman, an educated woman, a college woman, she is at the point of a nervous breakdown; she needs, first, a nurse, and, then, a nurse who knows how to handle a nervous woman, and a nurse who knows helpful quotations from Plato and Aristotle as well as the moderns, but yet is a nurse to the core, a nurse who is first a nurse but with a superstructure erected on the solid foundation, and the women who are willing to train themselves to be good companions but also good nurses can easily earn a hundred dollars a week. Or a nurse who knew how to carry on the special methods of education, for children who stammer for instance, or for women with ataxia, would have plenty of offers from specialists. Such nurses as these do, not what the doctor can do, but what he cannot. They keep a sphere of their own. And for the training of these nurses we need schools, schools that will educate the nurse in practical lines and that will receive the nurse who is able to enter these higher spheres. There is a chance for all kinds of schools, but do not let us delude ourselves with the idea that we can stamp all nurses with one mould. We must look forward to the specialization of the various branches, remembering that this makes the good nurse better, and the better nurse best.

We need cultured nurses, educated nurses, and we need spiritual nurses. I am not talking simply about nurses who read their Bible and pray, but who are activated and actuated by the highest motive, who feel that it is their duty to leave a better patient than they met, who feel their sphere is bounded laterally perhaps, but upward is confined only by heaven itself.

Nurses have a sphere of their own which doctors cannot enter. Dr. Cabot told me that of the last graduating class at the Massachusetts Hospital not one of the nurses contemplated going into private nursing. I have seen other classes where half of them said if they went into private nursing it would be only as a second best choice. The nurses who hear their call most clearly are nurses who want a sphere of their own, and that is the kind of nurse society needs, a nurses who rise into the higher plane of practice. I am thinking not only of the district nurse who will cover a whole ward bringing light and gladness and the sunrise smile, but also of the nurses trained for better ways of thinking, who have as their clientele a hundred children perhaps, whose practice extends into the families, who know how to help the boys and girls and see that they get their chance, of the nurses who are ready to go to the foreign field, to the foreign mission field, ready to carry their skill to those who are benighted and know nothing of hygiene or good living, of these nurses

who go into social service, who make our dispensaries more than a farce as they were formerly when drugs were the only things prescribed when what was needed was very often something else, and it is that something else that the social service nurse is able to supply, the medicine applied perhaps not to the man but to the home, the sewer, the ventilation, the way of living; it is that that helps seventy per cent of our dispensary cases who formerly got so little help.

So we must have nurses with a clearer vision, seeing upward toward better things. We doctors know now that we must decrease and you must increase. We can map out the way to help the individual case, you are the ones to carry out the plan, and if society in general is to reap the advantage of all this in all these spheres it will be because the nurses have not allowed their profession to become stereotyped, but have seen the highest spiritual vision of service for their fellow man, and are entering into the field on every side. Do this, and society will call you blessed.

TIDINGS FROM THE MOUNTAINS

By LYDIA HOLMAN

I speak to you in greeting from approximately 95,000 graduate nurses and 30,000 students. We have in this body of nurses, educators, executives, industrial workers, public health nurses (which would include almost everything) representatives from the private nursing field and representatives from the missionary field. I am not sure that there is any one here from Labrador, but I know our nurses have been represented there and we have nurses from Alaska and from all over these United States, and nurses who are members of this Association are also in the foreign field.

What the nurse's ideal is would be very hard to tell, but if we ever attained it there would not be any sickness and there would not be any suffering, and the nurses would probably be doing something else under a new profession, perhaps social service trying to help people up. As you know the nurse is the servant of the country. She goes where she is sent, she goes when she is called, sometimes she is paid for it and sometimes she is not; but it does not make any difference because her one idea is to serve you. It may be a tramp by the roadside, it may be a fisherman in a boat, it may be a millionaire in his palace, it may even be a nurse, she is called to serve, but her one idea in any event is to make that patient comfortable, the people about her happy and the world better. She cannot do all the things she has planned to do without your co-operation. If there is a nurse in your neighborhood who wants to start social service, help her, and you will see what she can do. If she wants to start

district nursing, help her, it is not for her own sake, but for the public good. If you have an industrial establishment and she thinks you need a nurse, she does not think so without some ground, and if you will let her start it, you will find there is some economic improvement in it for you. If you want to make the world better and cleaner, get a nurse, it won't make any difference from what department she comes so that she is trained for the position. If she is not properly trained, don't worry about it, but apply to one of the national bodies and ask for one who is fit for the position. You are doing the nurse no harm as she will get a position for which she is better adapted.

You are interested in making the world better, cleaner, more wholesome, happier, and there is no reason why there should not be a great brotherhood of man. The churches are working for it, the doctors are working for it, the teachers are working for it, and the nurses are working for it. The nurse wants to cooperate with you, she wants your brains, your body, your willingness to do these things, and not only these does she want, but she wants your financial aid.

The nurses as you know are only trying to do as much as other people will let them do. I am here to plead that you help them to do all they can, and to give you a cordial hearty greeting from all these thousands of nurses.

THE STUDENT VOLUNTEER MOVEMENT

By ALICE McCLURE

Although I feel the tremendous honor of standing before the Association this afternoon, I feel the responsibility much more, for I represent 600,000,000 pagan people; 200,000,000 Moslems crying out for nurses and doctors as never before.

To my mind the nurse and the physician visualize Christ and Christianity, and wherever the missionary has gone the call has come back in no uncertain tone—send us nurses and send us physicians. Although I have had no training as a physician and have never trained as a nurse, I can say I have seen more cases of leprosy and bubonic plague, have been in more homes where cholera has been, and have seen more cases of smallpox even, than any nurse in this audience today, that is because I dared to go in response to the call of those who were without doctors or without nurses or the knowledge of the Lord Jesus Christ.

Theodore Roosevelt said, after he had visited the Sudan, that if you make it evident to a man that you are trying to benefit his body, he will more readily believe that you are trying to benefit his soul and the missionary finds that it is necessary to meet a man or a woman at the

place where they are. If they are suffering agony from ophthalmia they cannot listen to the story of the Lord Jesus Christ, and we are compelled to do something to relieve the pain. There are two ways that should appeal to you who have given your lives to service, the first is the ministry of service to the mind and body, and the second is the ministry of love, and, as Dr. Emerson brought out, these two are so closely connected, that it seems almost impossible to separate them.

We have very few physicians in India, and only 378 missionary doctors. The British people have sent out doctors and there are associations for medical care, but these are to nurse the English people. For the Indian people we have 378. Every physician has a practice of at least 1,000,000. Every physician does not have two or three nurses on whom he can call. In the part that I am best acquainted with we have four physicians and there are three nurses. This will illustrate what I mean when I tell you that there is so great a need. Of the three nurses we have, two are well trained, one was head nurse in one of the hospitals in the north of Ireland, she soon showed that she had great capabilities so she was sent into a district in which she has charge of a dispensary amongst thousands of Hindu women and girls. The other, who was a graduate nurse of America, came out seven years ago. She had to go into a district much more needy than ours, because we did have one physician in the hospital and a few native nurses and could get help, while there was a district with hundreds of thousands of people and not one native nurse. So she was sent there.

The third, I say it hesitatingly, but it shows how true are some of the things Dr. Emerson says, returns in three months, and will probably not be sent back, because she has not the upward vision that we feel, as he said, she must have. We have to gather round us native girls who will be trained and become the graduate nurses of India. I have been about over this country a great deal and I have not seen the face of any man that has not a nobler look and that has not characteristics that are immeasurably nobler and purer and better than those of the gods of India. There is not a Hindu God that has not connected with his life a tale so immortal, that I would not dare to tell it.

I am glad Dr. Emerson changed one sentence, when in speaking of the educated young girl feeling a call he changed it, and said hearing a call. You have chosen your profession, and it is one in which you can manifest Christ-likeness, as I believe no other profession gives opportunity for.

But how do you know that you are spending your life in the place that God wants you to spend it in. I have calls here one after another, and I will gladly tell you of them. Just let me read a list.

A nurse is needed for Ceylon, McLeod Hospital, one for India, one for Turkey, one for Naples, one for Central Turkey and one for China. How do you know you have decided right in being where you are, how do you know that is the place to spend your life? I know only one man, who was God himself, who always made right decisions and He says "My judgment is righteous because I do not the things which are pleasing to myself but the things which are pleasing to God my Father." Is that your standard of life? That should be. It is that that has been back of the whole talk of Dr. Emerson this afternoon. We must rise to it, and then our decisions must be right and true, and though, knowing the need of one billion of people whom I represent, my natural inclination would be to take every one of you out with me, yet God may not want that. If you have only taken the standard we have spoken of He will bless you where you should be blessed.

LETTERS FROM MISSIONARY NURSES

These were read by Miss DeWitt, who first gave a little sketch of the Guild of St. Barnabas, as she had been asked to do by its members.

THE GUILD OF ST. BARNABAS

No program dealing with the religious side of the life of a nurse would be complete without reference to this Guild, which was founded twenty-seven years ago, its purpose being to help and inspire the spiritual life of the nurses, to form a medium for social life and to help support missionary work. At present the Guild is paying the salary of Agnes Bolster in Alaska, one of the highest types of social service workers. It also contributes toward a small hospital for colored people in Raleigh, North Carolina. There are branches of the Guild of St. Barnabas in thirty-three different cities of this country. It is hoped that the Guild may become a member of the American Nurses' Association.

I

From L. Grace Helmer, Hospital of the Good Samaritan, Valdez, Alaska:

I am especially glad to accept the invitation to read a letter to the convention this year, it makes me feel as if a few thousand miles after all are not enough to quite separate the old friends and the old interests. If I am not mistaken this session is a new venture and I wish I might have been present to help in welcoming and starting it. I shall expect to see it ultimately develop into one of our most useful and helpful features.

The subject of "Religion in the Life of a Nurse" is such a big one that one hardly knows where to attack it. Perhaps one might begin at

our mother's knee. Indeed I hope there are few nurses who do not begin their religious life there. Life is itself such a puzzling thing, and I imagine that nowhere does it present more puzzling problems than when lived by a nurse—if it were not that “among the sundry and manifold changes of this mortal life our hearts may surely there be fixed where true joys are to be found.”

I truly do not see how nurses could have courage to go on when one admits case after case of men bruised, and perhaps maimed, because some great corporation will not pause in its greedy accumulation of wealth to safeguard the lives of its employees; when one sees babies die, and women go into permanent partial invalidism for lack of religious restraint in the lives of men; when one sees the honorable profession of medicine itself blemished by the grasping greed of one of its own members; if the puzzled nurse could not find comfort and courage in an hour with her Bible, and on her knees, how could she ever keep her own life sweet and sane, and her own faith clean and strong?

And is there any place in the world where people have a better right to expect to find life sweet and sane than when they fall broken and wounded into the hands of a nurse?

In those days when the ordinary conventionalities of life are utterly set aside the nurse's relation to her patient becomes a very intimate one—comparable perhaps to only one other, that of the mother—and many times she will seem to her patient a tower of strength, and “like the shadow of a great rock in a weary land.”

To a woman denied the privilege of bringing up her own children no greater opportunity than this can ever come.

I am far from believing that a nurse should be going about all the time with a long face, expressive of pious concern for the spiritual welfare of her patients, but and indeed is the lot of the patient whose nurse habitually departs herself as did a certain newly made convert who was just about to leave his sheltered contact with his spiritual adviser for a northern Wisconsin lumber camp. His pastor warned him that this was going to be a trying experience and one that would test severely the quality of his faith and sincerity. Later upon Sandy's return the parson asked anxiously if he had suffered any great hardships or persecution on account of his religion. “Not a bit ah,” repeated Sandy happily, “not a bit—why the men never even found out that I was a Christian.”

This is a pretty long preamble when I was asked for a contribution to this session's discussion for the particular reason that I am working in an Episcopal Mission Hospital in Alaska.

I suppose it must be a deep underlying religious conviction that one's

work should be done where it is most urgently needed, that originally starts one thinking of this class of work. That much can be traced back to our mother's knee.

A combination of the constant and urgent appeals for workers, together with freedom from financial responsibilities, eventually does the rest. There is nothing heroic about it. It is the simplest thing in the world. The call of the mission field comes incisively "You're mine." Almost without question the woman follows. That is all there is to it. You go into it in the same businesslike way that you would go into any new work.

It is no harder (in Alaska at any rate), it is no easier, than hospital work at home. It has its problems in economics and discipline—it has its compensation in the grateful affection of recovered patients and in occasional advancement that can be made in spite of economic pressure.

The mission fields are always needing nurses. The hospitals offer opportunities that no other work can secure. A man who will never go to a church goes gladly and gratefully to a church hospital. Whether he gains anything there that he might not have gained in a railroad or government hospital depends wholly upon the caliber of the workers—but the opportunity is there.

The difficulty has always been to secure enough workers of the right caliber—women who have really made good at home—women who can get on without the little luxuries and accessories of refined life—women who can hold out when everything seems to be going wrong and hang on fighting single-handed if need be for a principle, resisting again and again the impulse to give it all up—women who are not afraid to name the name of Jesus—who are not ashamed if accidentally caught upon their knees.

But isn't all this equally descriptive of any woman who can make good anywhere, doing anything? There are any number of them in this audience—quiet, sane plodders, full of happy optimism—just the splendid fiber we need. "The field is white to the harvest." The opportunities are limitless. The life is so full of happiness that at times it seems as if one must burst with the sheer joy of being alive.

The country (of course I am speaking now again especially of Alaska) is magnificent. The whole scheme of life is big and full and unconventional. We have gone back to where a man is measured not by the cut of his clothes but by what is in his heart and head—especially his heart.

Some of the best of our young manhood tucks its sturdy young person into overalls and smock jacket every morning and comes back every

night begrimed with sweat and toil—but on the inside clean and sweet and wholesome. And their number will be legion as the new railroad opens up in Alaska.

Why should not the best of our nurses follow to take care of these men when accident or illness overtakes them? There is no work in the world that is better worth doing. There is no special hardship in doing it. There is no risk—unless one regards as a risk that with distressing frequency one of these men comes along and wants one of our nurses to keep for his very own. That is the thing that most of all keeps us sending back for more nurses, and may easily make it appear that there must be something wrong with this work because we have such difficulty holding our workers.

I wish I might have been present at this gathering and have talked to you face to face. But right now, while someone is reading this letter to you, I am reaching far across the continent with a loving greeting and an earnest Godspeed in the work that lies before each one of you.

II

From Rose Kaplan, Nurse in Charge of District Visiting Nursing in Jerusalem, for the Hadassah Chapter, Daughters of Zion.

Miss Landy and I, nurses for the Daughters of Zion of America, send greetings from Jerusalem to our friends at the convention to be held in St. Louis. We greatly appreciate the interest you have taken in the work of the Daughters of Zion, and consequently in our work in the Holy Land.

The object of the Daughters of Zion in sending us to Palestine was to inaugurate a system of district visiting nursing among the Jewish poor of Jerusalem. Although the Society was organized as late as March, 1912,—by January, 1913, we were on our way to the Orient. I can best tell you about our work under four headings:

First, District Visiting. The poverty among the Jews in Jerusalem can perhaps be equaled nowhere else. It is especially severe among the Jews who have recently emigrated from Russia, and among the Yemenites, or Arabian Jews, who are coming to Palestine in large numbers, owing to persecution. Frequently these poor emigrants lack all necessities of life. Their homes usually consist of one room, housing a family of from two to ten members. These cabins are often built out of tin taken from discarded Standard Oil cans. Beds and chairs are seldom to be found. The people sleep on straw mats on the floor. If there happens to be a bed, as many of the family as the bed can hold, get into it. I have often come into homes of our patients during the Winter, to find

visitors in bed with the patients, for it was warmer there than on a mat on the floor. Under the conditions described above, it can easily be imagined how difficult it is to nurse a very sick person in a poor home in Jerusalem. It is true there are four Jewish Hospitals in the City, but they can accommodate only 120 patients in all, and are totally inadequate for a Jewish population of about 60,000. Nevertheless, we succeed in placing our most difficult cases in hospitals, and manage to take care for those who are not in need of hospital treatment in their homes, providing them with a physician, medication, food, and if necessary, with clothing. The Daughters of Zion subsidize an excellent physician, a graduate of a medical college in Paris, to treat our cases, gratis. He sees our patients in his office, or when necessary, in their own homes.

Second, Supervision of midwives. The Daughters of Zion pay three midwives to take care of poor Jewish women who are too destitute themselves to pay for the necessary service. Our Doctor assigns each midwife to her cases, and they work under our supervision. As soon as the patient is confined, the midwife reports the case to us. Either Miss Landy or I visit the patient, take a short history of the case, and do whatever we find necessary. It is usually a case requiring the feeding up and clothing of the patient—providing milk, eggs, groceries, a little outfit for the baby, and underwear for the mother. Often we have to hire some woman to take care of the patient's home. If any other member of the family happens to be ill at such a time, we of course render the necessary assistance. In spite of the fact that living conditions in the poor quarters of Jerusalem are unsanitary, and owing to the lack of water, cleanliness is often literally impossible, yet our midwives during their year and a half of active service, have not had a single case of infection. Although the work of the midwives is now under the jurisdiction of the Daughters of Zion, it was organized a short time before the Society began to engage in Palestinian welfare work. Miss Eva Léon originated the undertaking, and later subordinated it to the larger plans of the Daughters of Zion, of which Society she is a member.

Third, Trachoma Treatments. Miss Landy and I give half a day to trachoma treatments in the Jewish Schools. Twenty per cent of this school population is afflicted with that disease. We nurse work under the direction of an oculist, whose services are engaged for that purpose by the Daughters of Zion. The patients at each school are treated daily, and are reexamined every two or three weeks. All the pupils (in this case not only the patients, but all the children) are reexamined every two months. In light cases, treatment lasts for three months. It takes a year or longer to cure an old case, of course, sometimes they cannot be cured. Our trachoma work so far has taken us into 24 schools.

In these trachoma treatments, it must be noted that we are not working alone. We have the cooperation of several doctors, nurses, and trained assistants, and of course the examinations themselves are conducted by the specialist referred to above, as supervising our work.

Fourth, Settlement House. The quarters that we have rented in Jerusalem are used not only for residential purposes, but also as clinic and Settlement House, to which people come for treatment or for counsel. On some days, we have as many as fourteen visitors, of whom perhaps only one or two have come to apply for professional service.

III

From Esther L. Shields, Severance Hospital, Seoul, Korea.

You have heard of great needs and great opportunities for nurses in foreign lands, and I am wishing that you could realize how much can be given of help and instruction to those who are eager to know and do more for themselves and their people.

There is yet so much room in some of the broad countries of the Orient for Christian doctors and nurses, for them to gain the confidence of the people and create a center of helpfulness from which shall be carried knowledge of help for bodies and souls. Way west in China, at Yachow, in Szechuan Province, bordering Tibet, is a hospital with a capacity of fifty beds and needing about as many more for the care of women and children and the opium refugees, at present. The doctor is making urgent requests for another doctor to take his place during a furlough, and needs a nurse very much. Although the doctor's wife is a nurse and helps in the hospital, her children and household duties prevent her from giving all her time. Tibetans are among the patients and industries are being planned for self-help among the poorest patients when they are convalescent.

More than twelve years after I had gone to Korea, I was asked to say whether I thought nurses were needed in Korea, and if I thought both foreign (occidental) and Korean nurses were needed. The answer was "Yes," to both questions. The foreign nurse is needed because she has had the required course of instruction and can teach and supervise in the nursing department of the hospital and in the training school for nurses. She is needed, also, to assist the doctor and to nurse in some special cases at the hospital and in private homes.

The Korean nurse is needed from the time of her beginning as a pupil nurse to the completion of her training in the hospital, to assist the physician and surgeon with intelligence and skill in nearly all the departments of hospital work; to give the most careful attention to the patients, that they may recover, if possible; to provide, in all cases,

conditions that shall give the greatest comfort and peace of mind to the sick who are under her care. She is needed also to visit special cases in their homes.

We find in Korea, many women who are worn and in great suffering because the friends who were nearest did not know how to take proper care of the mothers of their homes. When it was found how carefully the missionaries looked after the welfare of their families, some of the Christian Korean men asked a doctor to teach them how to care for their wives and children better. Accordingly, a little book of instructions was written which is now read and used by hundreds of Korean fathers and mothers. *Amo Ewun Myim*, is a pamphlet written by an American mother missionary to tell Korean mothers how best to take care of their children.

Some years ago a man came to our hospital having only one hand. The other he had himself cut off with an axe because it had been sore and useless for so long. There were no surgeons in Korea at that time to do such work. How could any one do it, with only a small set of needles and one or two lancets and no definite knowledge of anatomy or physiology?

Our pioneer native nurses in Korea need just as much spiritual help and encouragement as pioneers elsewhere. They have come from more secluded lives than some of us have known. But whatever life we have come from we need strength and wisdom to meet that which will come to us in a nurse's life.

Severance Hospital needs three nurses to help in the work even now in hand. A day superintendent, a night superintendent and a nurse for special duty are needed. How I wish that all missionary hospitals could be provided with two nurses to begin with, so that the nursing and the training of native nurses could go on more uniformly and thoroughly. As soon as possible helpers are trained but it is a waiting time before they are ready to take up heavy responsibility. There are many times when the lack of sufficient rest and sleep make us ill-prepared to carry on the heavy work that comes.

Any one who goes to the foreign field should be willing to adapt herself to conditions, to work where there is the greatest need, to keep her professional standard high, and to simply and sincerely know Jesus Christ as her best friend and to learn to know those about her and care for them in such a way that she may introduce them to Him in such a manner that they may understand.

Yours in the wish that all now in the foreign field may be strengthened for the work in hand, and that many others may be called to work in places where consecrated lives count for so much.

THE CHAIRMAN: One of the significant signs of the times is the spirit of co-operation, the coming together of people of different points of view, and we are going to hear from a Jew, a Roman Catholic and a Protestant on nursing work of religious organizations, all interested and working for the bettering of mankind.

NURSING WORK OF RELIGIOUS ORGANIZATIONS

I

By RABBI SAMUEL SALE

Temple Shalom South

The statistician might easily obtain facts and figures concerning the number of Jews who are engaged in the calling of tending, caring for, and nursing the sick, but I must confess I have not the necessary information to tell you approximately what share of this blessed work is being done by them. But I do know and I can say with authority that if they be true to the teachings of their ancient faith and loyal to the best traditions of their history, running back for centuries into hoary antiquity, they ought by all means to be found in the front rank of your blessed profession and along with the most zealous and self-sacrificing votaries to your great cause.

I can say to you furthermore, that at no time as far back as history takes us was there ever a synagogue or a religious Jewish organization that was regarded as being firmly organized or adequately equipped that did not count among its practical religious agencies a permanent society of men and women whose sacred duty it was to tend and nurse the sick, who went wherever they were called, regardless of their personal comfort or their social station and dignity, and even at the risk of sacrificing their lives.

You know without being told that God himself is called in the Bible the healer of the sick, and it is always regarded as a supreme service on the part of those who consecrated themselves to this work of love and mercy—for as such the Rabbi esteemed and termed the work you are engaged in—it was always regarded as a supreme service on the part of those who consecrated themselves to thus manifest the spirit of Godliness in its very highest form and to render unto Him who is considered the source of life and love and health, the highest homage and the profoundest worship. It is almost commonplace to remind you today of what was at one time a matter of general historic note, that the Jews have always taken a deep interest in medicine. You know that during the Middle Ages there were hardly any other physicians than the Jews, and they were considered so expert, for one reason and another, that

even the Pope and crowned heads were unwilling to trust themselves in the hands of any others than the people of Israel. You remember that Francis I contemporary of Henry VIII of the fame of the field of the Cloth of Gold, finding he was treated by an apostate Jew dismissed him at once. It seems to me he showed his extreme good sense in not trusting any one who was not loyal to his own.

When a Jew was bidden to assume the sacred religious obligations of caring for the poor and needy, of bringing science and comfort to those who mourned for loss of their dearly beloved, when he was charged to care for the sick and to dispose of the mortal remains of the dead, he was distinctly charged with these human obligations as not to be limited to his own, but with the understanding that he was to go forth, as the Rabbi's phrase has it, "for the sake of peace and goodwill among men, to all of God's children," and it were strange indeed if they who heard first the eternal principles that underlie, as a broad foundation the religion of righteousness and humanity—"love the Lord thy God with all thy heart, with all thy soul and with all thy might" and "thou shalt love thy neighbor as thyself," and "ye shall love the stranger, for ye yourselves were strangers"—if these people had not developed intense interest in the blessed work in which this organization is engaged. And I am sure if they are not proportionately engaged in it, the time will come when they will return to their own in this the greatest army of the Republic of humanity.

II

By RT. REV. W. S. RYAN

President Kenrick Seminary

To properly describe the Catholic ideals of mercy and various other forms of charity is beyond any human power. It would take the tongue of an angel. Who can measure the extent or the intensity of the activities of the Catholic Church in her mission of charity? She looks after the orphan, she looks after the one who is worse than an orphan, the one who is deserted and abandoned. The sick and the afflicted appeal to her, and there arise as if by magic hospitals and infirmaries dotting the land where the ministry of love is carried on by the sisters of the Catholic church as they minister and pray near the bedside of the dying, of the sick, and the afflicted. The tide of time casts its wrecks upon the shore of human life, the aged and infirm abandoned by their kindred and their friends, and their church provides a home for them with the Little Sisters of the Poor. I might go on detailing the various forms of Catholic charity which would come under the topic of nursing, and I would cover

the entire field of social activities which is yet another part of the work of Charity. When we are asked, "How do we explain the activities of the Catholic Church in her mission of Charity?" we do not point, as some foolishly do, to her perfect organization, to her perfect discipline. We have recourse to a topic that is suggested by the very nature of our meeting this afternoon. We explain our Catholic charities by referring them to what is their very source and support, The Lord, Our Saviour, Jesus Christ, who tells us that with Him we can do all things, and that without Him we can do nothing.

The care of the sick was a work of predilection with Our Divine Lord. The three years of public life He spent in ministering to the poor sick. His most wonderful miracles were wrought in their behalf, and He left as His legacy to His disciples the care of the sick; the priests, the scholars and the disciples of Christ have considered the care of the sick as one of the most important functions of their holy ministry. St. Charles Borromeo, who was a pioneer in the nursing and care of the sick—his devotion in the plague of Milan is famous in story and romance—is one of the names most dearly cherished in tradition, the fame of Father Damien has gone out into the world and he is no longer a hero only in the Catholic Church, but the world over, and his life will be an inspiration for generations to come to the service of Christ in the person of His poor.

However, it is not my intention to speak merely of the priesthood and the various sisterhoods of the Catholic Church. We are interested in the work of the nurse apart from the religious obligation, apart from religious organizations.

The nurse is engaged in a most noble profession. When I heard from time to time this afternoon reference made to the compensation of the nurses, I could not but think that no compensation can really be made, no adequate compensation. Whatever may be given to her as a means of livelihood or in the way of securing a decent maintenance is but a tribute of gratitude to one who is indeed a benefactor of the human race.

Your profession is most noble, and therefore it must be approached with the most noble purpose. In this age of utilitarianism it is to be feared that some will bring the profession into disrepute because they do not approach it with the worthiest motives and are not fully conscious of their responsibility. Like the physician, the nurse when she graduates assumes certain responsibilities, not only toward the patients who may be confided to her care, but toward society. She enters into an implicit contract with society, and she owes it to society, to herself, and to God, that she shall be able and willing to fulfill all her responsibilities.

The viewpoint of the Catholic Church in regard to the nursing profession is simply an application of the unchanging moral law to her particular circumstances. She teaches the nurse that there is a higher law, that there are crimes that may not be forbidden by human law, that may not be punished by human courts, that yet are violations of the divine laws, violations for which a person is responsible first to his conscience and then to his God.

I cannot but feel rejoiced when I see so many representative women engaged in public professional life, because experience has shown that the entrance of the woman into professional and public life makes for righteousness, for sobriety, for accuracy and for wholehearted and whole-souled devotion to duty, and it is because of these higher dispositions that we are so glad to see her numerously represented in the professions, and especially in this blessed profession of nursing.

If the nurse is conscious of the sublimity of her calling, if she is mindful of the weight of her responsibility, if she has ever in view the moral law, if she endeavors to acquire the necessary knowledge and the necessary skill for success in her profession, she will be an honor to herself, an ornament to her profession, a joy and a glory to her association, and a blessed instrument of providence wherever her opportunity allows her to dispense happiness and comfort and lengthen the days of her fellow-creatures.

III

By REV. WILLIAM J. WILLIAMSON

Third Baptist Church

We have a growing evidence of the sympathy between us all, that is illustrated by the coming together this afternoon of three conspicuous religious faiths on this platform.

But, after all, was it not always so? Do we not remember Jesus' parable of the Good Samaritan and how he was ministered to because of his need? Every man is our brother and neighbor when he needs our help. Probably for a long time we shall continue to think and read things on different lines, but we shall always be together in the great world of service, for no man may call himself religious, no matter what his faith, who withholds a possible service from his fellow man.

When the fever-ridden Jesus was greatly distressed and discouraged, he sent to ask if Jesus was the Christ, and the answer that came back to him was not an argument, not even an affirmative reply, it was simply a command to "go tell the things you have heard," and on the test of Jesus' doing he was willing to risk His Messiahship; on that test at last

our loyalty to God must rest. It is true, as has been said, that the test of our religion rests on our service to our fellow men, and we are feeling that as never before. There have been great periods of argument and controversy, and I doubt if they have served much to bring people together, but there is no controversy today in your service. Certainly it has occurred to you that perhaps of all professions and callings there could hardly be one so impossible to be criticized as yours. They may say in some quarters that a doctor's service is unnecessary, that people might be healed by faith, they may criticize the ministry, as they often have, as useless, they may say the same of lawyers, or of the army or the navy, and many other branches of activity, but was there ever a word said or a hand lifted in the world against the nursing profession, over a voice raised to say that the calling of the nurse was not the holiest beneath the skies?

It is a wonderful time in which we are living. All the altruistic thinking of the past generation is crystallizing into service. Men are no longer judged by the amount of money they possess; we ask now what their lives are worth in the emphasis of service, what is their ministry of hand and heart to the age in which they live.

After all who has so great an opportunity as you have? What love is like yours? The minister goes and comes, pushed with a thousand duties, doctors' calls are hurried, but you are like the Master; I don't know how He ever found the time to linger by people as He did; and it is that that you do, your best work is done in lingering by those who need your care, lingering with each one individually as long as the need lasts. I was counting recently, and I found that seventeen of the Master's greatest sermons were preached to audiences of one. You have seen men and women in the hour of their need, and it is yours at that time to be the evangelist after the manner of Christ, and after the manner of those who, inspired by holy service in generations past, have led the lives of others into the peace of God, and every nurse ought to be in the truest sense of the word a Christian teacher, able not merely to move and quiet a restless body, able not only to minister to temples of clay that will last but seventy years, but able to put the touch of divine spirit on that which never dies, to put an increasing value on the things unseen. Yet I would not have nurses have the type of piety that would make a sick room devoid of cheer. We are coming to find that we serve a God of laughter and joy, and that our hearts may be pierced with sorrow for the sins and sorrows of the world, and yet at the same time lightened with the peace and joy which He gives. For life itself is a testimony to the divine order of things.

There is many a one who never begins to inquire into these thoughts

until he feels the gentle touch of a nurse's hand on a fevered brow and the unselfish ministry and care of one whose life is following the life of the Lord Jesus Christ.

I was thrilled this afternoon in hearing about the foreign field. We have come to find out that we cannot save the world most rapidly purely through the evangelistic method, but that a Christian doctor can carry the message and reach his people better, sometimes, than any other, and so from all our foreign mission fields there are coming calls for Christian doctors and teachers and nurses.

This is a time when the nations of the world are moving at the impulse of the spirit of God, and I think this great convention is of marvellous significance in that movement.

The meeting was adjourned with the Misspah blessing.

MONDAY MORNING SESSION, APRIL 27

The meeting was opened by the president, Miss Cooke, who asked the chairman of the Committee on Revision, Miss Ely, to read the proposed amendments to the by-laws. They were read and fully discussed, with the result that the printed amendments as sent to the associations before the convention were adopted with these exceptions:

Article III, Section 1, has the words "by ballot" added to the first paragraph. The second and third paragraphs are made one, and the words "by ballot" are added. The date 1914 is changed to 1915. In the last paragraph, the word "three" is changed to "two."

Article VII, Section 1 has added (h) Revision of By-laws.

The proposed changes in Section 7, third paragraph were voted down and it remains as before.

Miss Norris: Last year at the annual meeting, a resolution was brought before this house asking that the Executive Committee of the American Nurses Association be empowered to represent the Association at the annual meeting of the stockholders to elect directors for the American Journal of Nursing Company.

Referring that matter to legal authority, I find it was quite an unnecessary motion and not compatible with the corporation laws of the State of New York, and we felt it was desirable to have that resolution rescinded, therefore I wish to offer the following resolution:

That the motion introduced and unanimously carried last year at the annual meeting of the American Nurses Association, reading:

"That the Executive Committee of the American Nurses Association be empowered to represent this association at the annual meeting of the stockholders to elect directors for the American Journal of Nursing Company" be rescinded.

The motion was carried.

The question of a national badge was again taken up, and it was decided to leave the decision till the next meeting.

It was unanimously decided to make Annie Damer of New York an honorary member of the American Nurses' Association, she having been for five years its president. It was decided to send a telegram to Miss Damer notifying her of her election, and also to send telegrams of greetings and regret to other absent members, the names to be chosen by the directors.

The meeting was then adjourned.

AFTERNOON SESSION

CONFERENCE OF HEAD NURSES

Miss Cooke, the president, called the meeting to order, and asked Miss Whitaker, second vice-president, to preside.

The first paper was read by Mrs. Tice, of Chicago, as Miss Robb was unable to be present.

OPERATING-ROOM WORK, ITS DEMANDS AND ITS REWARDS

By MARY A. ROBB

Successful operating room service in any institution depends in a great measure upon the mechanical arrangements, equipment and supervision of the entire department. There should be a general operating room, a laparotomy, gynecological, eye, ear, nose and throat rooms. In close connection with these rooms should be the accessory rooms for the surgeons and nurses, each containing proper plumbing and lockers.

The location of the operating room department should be at the top of the building, preferably with north and east exposure. The size of these rooms should be but medium, thus avoiding extra expense in the up-keep and labor. A north exposure gives a steady light while the east admits the morning sun. Electricity should be used entirely for artificial light. The artificial light should be so arranged as to give the field of operation the benefit of the direct rays of light and avoid shadows.

The temperature of the operating room should be from 74 to 76° Fahrenheit. Many times, owing to low vitality and poor circulation, the patient may suffer from shock or later pneumonia and additional heat should be supplied by the use of warm blankets rather than by having the temperature of the room too high. The inside ventilating

system requires closed windows at all times with the purified and warmed air being fanned through the building. The natural and simple method is preferable because always available. A fine wire screen covered with dampened gauze placed below the sash of the opened window is easily cleaned and keeps out much of the dust and in this way permits the windows to be opened.

The efficiency of the service depends in a great measure upon the mechanical equipment and, in so far as possible, the enameled porcelain or glass should be used. For the general operating room the following equipment would be required:

Two operating tables with kidney lift and electric heater, two high stools, one low stool, one instrument table 72 inches long, one irrigating stand with two irrigators, three basin racks, holding two basins each, one adjustable bedside table for holding instruments, one sponge rack for counting sponges, one portable light, two wheel carts with solid rubber at sides, to prevent marring floors and walls. In an adjoining room should be the high pressure water, instrument, normal salt and utensil sterilizers; a small electric washing machine with wringer for cleansing bloody linen and gauze before sending to the laundry saves much time and labor.

The nurse supervisor of this department must be well drilled in operating room technique, able to think clearly, act promptly, and capable of imparting to others this special knowledge in a clear, concise manner. In a large hospital there should be one graduate assistant and two student nurses for each operating room. The student nurse should be allowed to handle instruments for minor cases, and a few major cases under the supervision of the assistant.

The training offered to student nurses in operating room procedure requires a dignified, self-controlled, courteous, patient, tactful and economical nurse. She should practice asepsis, neatness and order which are the foundation principles of operating room work. Prior to going into the operating room proper, she should learn the preparation of all supplies, sterilization, making of iodoform gauze, the care and selection of instruments used in various kinds of operations, washing, mending and sterilizing rubber gloves, and she may also learn the commercial value of supplies and the value of time to prepare them.

In the operating room proper she is taught disinfection of hands, and all supplies, alertness, readiness to grasp the individual wants of the surgeon and she also acquires a knowledge of anatomy and abnormal conditions.

Medical students often serve in the position of operating room orderlies to their own advantage, and thus save the nurse much hard labor.

They may attend to the sterilization of water and gauze, delivering and collecting supplies to and from the various centers of supply, look after the sharpening of razors, scalpels, etc. Women attendants, one for day and one for night, save the nurses' time in many instances. The duties of the day attendant are dusting furniture, washing basins and putting them up in sets, washing and wiping all rubber gloves, and helping to fold and mend linen. The night attendant scrubs all operating room furniture, cleans instruments, and washes basins, gloves, etc., if operations are performed at night.

Rewards. The conscientious performance of operating room technique means to the patient the prevention of future unfavorable conditions, the alleviation of present suffering and the promise of a speedy restoration to health.

As a reward to the surgeon, there is development of aseptic methods; the imparting of his own knowledge to others which aids in the perfect technique which assures him a successful result of operations and an enviable reputation.

As a reward to the nurse, there is the acquirement of habits of asepsis, observation, and quickness, the discipline of work and an ability to meet emergencies skillfully. Upon the standard attained while in the practice operating room, rests her ability as surgical nurse. Her ability is many times recognized by the surgeon, who often aids in securing her an independent position either as an assistant, at first, or to take charge of the operating procedures in another institution. The salary of the surgical nurse varies according to the position she occupies, and outside of her living expenses she receives from \$85 to \$125 a month. The surgical nurse usually lives in the nurses' home provided by the institution, and in consequence, she is able to be constantly in touch with new methods and new equipment.

THE HEAD NURSE AS ADMINISTRATOR

By NINA G. SINNOTT

The graduate who is employed in the hospital as head ward nurse holds a very important, as well as responsible, position. In her hands the pupils are placed, thereby making her responsible for the actual care of the patient; the training, which includes the practical work with all its details, of the school nurses. She, to a large extent, is responsible for the atmosphere of the hospital, and can do much to raise the standards of nursing in general and of the institution in particular. Her presence has become an essential.

Foremost among the qualifications of a head nurse are executive ability

and professional skill. These alone do not make the ideal nurse; she must show allegiance to the hospital, respect for its authorities, courtesy, discretion and tact in dealing with the patients and pupils. Impartiality is another very important qualification for a good head nurse. She must be fair to the nurses, not allowing herself to be prejudiced. She must be dignified and command the respect due her position. She must insist on class distinction among the pupils. She must be able to discern and help develop latent qualities in the apparently backward probationer. So often splendid nurses owe their success to a kind, helpful head nurse. She must also check the excessive zeal and interference of senior nurses, who sometimes become overbearing, and guard against the mechanical performance of duties among them.

As the executive head of her department, the graduate nurse should be so able to systematize her work and that of the pupils that the ward never appears in a chaotic condition, and is always ready for the emergencies which may arise. She must give the pupils definite duties for specified hours, and see that this is done on time and without assistance. When she finds she has a delinquent pupil, she must give her special attention. Carelessness must not be tolerated. With a firm, kind, dignified manner, the head nurse can usually win and retain the respect of her pupils.

Probably under the heading of executive ability comes the power to manage and control patients. A head nurse must never complain of, or criticize the hospital or its authorities to the pupils or patients. This habit, if indulged in, works untold harm and shows a lack of dignity. If the patient and his friends are made to realize a personal interest, the head nurse gains their confidence and respect. A kind, cheerful, sympathetic manner will usually establish the proper relationship.

Professional skill is of course essential in the graduate as head nurse. She must be a well-trained woman; one who has always regarded and appreciated institutional rules and also shown tact in dealing with the medical and interne staff, fellow pupils and patients. She should be familiar with the treatments and appliances, with the drugs commonly used, including their dosage, symptoms of overdosing, their therapeutic uses and physiological actions. This, I think, can be well taught by the head nurse as she has the actual patient to minister to and can naturally instruct the pupils as to what should be looked for in case of overdosing; what changes are to be expected after giving the medication, etc. In this practical way the head nurse is following up what has already been taught in materia medica, and, at the same time is training her pupils to be observant, which, I am sure, will enable them to keep more intelligent charts.

Then there comes the preparation for surgical dressings and the assistance to the doctors. The pupils should never be allowed to do this without first being taught all that proficiency means to the patients in this respect. They must be taught these duties in detail, and made to watch the head nurse assist in the morning round of dressings, then be watched by her until they become efficient. The head nurse will gain the appreciation of the doctor if this is well looked after. The primary clinical instruction is seldom given by the graduate ward nurse, yet the following up and supervising is distinctly her duty and must be conscientiously done.

The head nurse not only has charge of the pupils and patients of her department but is also responsible for the cleanliness and appearance of the ward. She must have some practical knowledge of housekeeping and of management of help. The pupils will be stimulated to do better work if her department presents a clean, orderly appearance. Order must be insisted upon even during the busy hours of the morning, and tidiness must be instilled in the nurses from the very beginning. It soon becomes a habit, and their work will never seem so hard.

It often happens that the graduates are not of the training school in which they are employed. This may or may not be beneficial, but the essential thing for them to remember is that they are not in charge of the training school, and must conform to the rules and methods already installed by the superintendent of nurses. The variations of methods which sometimes exist, unquestionably do harm. The pupils soon become careless, without any real knowledge of how things should be done. If a head nurse thinks a certain method better than the one already established, she should present it, and her reasons to the proper authority. The superintendent will either see the superiority and adopt the method, or tactfully discard it. The latter must always be consulted before any change is made in her teaching or methods by a graduate nurse. This is not so apt to occur if the head nurses are employed in the hospital from which they graduate.

It seems to me that pupils desiring this branch of the profession after they graduate should have some additional preparation. The last few months, or year, of their course, could be elective and devoted to special instruction along the line chosen, or a post graduate course planned for them. I think if this could be done the head nurse question, to some extent, would be solved. We have not only our own hospitals to consider, but the ones in which our graduates find positions.

Another question of importance is the teaching and practicing of economy in the use of hospital supplies. Because supplies and appliances belong to a hospital, it does not mean they do not have to be paid for.

A good many daily essentials are very expensive. Pupils soon get the idea that hospital property is unlimited and for public use, and, unless they are made to understand from the very beginning that extravagance and waste will not be tolerated, they become a menace to the institution. The head nurses' duties along this line are evident. Strict supervision in the ordering and use of supplies, linen, etc., is absolutely essential.

When a graduate nurse accepts a position as head nurse of a ward she assumes a great responsibility. Her example is far-reaching. Her attitude toward the hospital and its authorities will invariably be followed by those under her. This is not always realized by the head nurses themselves, but is nevertheless a fact. It has been said "as a head nurse is, so her pupils will be." She is responsible for the real atmosphere of the hospital and her allegiance will radiate to those with whom she comes in contact.

THE HEAD NURSE AS A MEMBER OF THE FACULTY

By MARION G. PARSONS, R.N.

In the past the greater part of the instruction in nursing was given by the graduate head nurses in charge of the hospital wards. Today the teaching has passed almost entirely out of her hands. What has brought about this change? Are the results of it satisfactory? If not what can be done to improve the present system?

The rapid advancement of medical science during the last few years has tremendously increased the demands upon the nursing staff of the hospital. The intelligent coöperation of the nurse is absolutely essential for the success of much of the work done by the physician and surgeon. I emphasize "intelligent" because science is apt to turn a coldly disapproving eye upon the assistant who can only follow directions and has no grasp of principles to guide her in a crisis. In addition to this, the fields of preventive medicine and of social service have made their demands upon the nurse; often these come in the form of responsibilities which cannot be avoided.

To meet these insistent demands for nurses who are not only trained but educated, we have added one subject after another to the curriculum and every year new subjects, chiefly of a theoretical character, have been brought forward as desirable, even essential, in the education of the nurse. With these changes in the curriculum and, in many cases made necessary by them, has come a demand for different methods of instruction. To meet this need specially qualified nurses have, in many training schools, been engaged to assist in the teaching. To secure greater

uniformity in nursing methods, and to prepare the pupil for the duties of the ward, this instructor teaches practical nursing to the probation class. Just here there is a line of cleavage between the old and the new methods. In the old days each head nurse was responsible for the teaching of nursing procedures and most of them felt a pride in doing it well. Often there was great rivalry between the heads of the different wards to see which could turn out the most efficient probationers. But this apparent shifting of responsibility has resulted in a lack of interest in teaching on the part of the head nurses. Many of them seem to feel that this is the province of the instructor and to take any very active part in it would be an intrusion. I say apparent shifting of responsibility because the work of the head nurse and that of the instructor are really quite distinct; one supplements the other and both are necessary, but they do not overlap. In consequence of this misunderstanding, the teaching of practical nursing in the wards has, in many cases, been neglected and the quality of the nursing has fallen below the standard of an earlier time.

Observing this retrogression without understanding its cause, some of our critics say we are teaching nurses too much. The more discriminating among them phrase their criticism differently and say that while in the past nurses have had too much practice and too little theory, the present tendency is towards the opposite extreme, and that we are sending out nurses who know everything in science but do not know how to take care of the sick.

The real question which we must consider is, I think, not whether we are teaching nurses too much, but whether are we putting the emphasis in the right place and making our instruction effective in securing better care for the sick. Today no one with an understanding of what modern nursing involves, would deny the value of physiology, bacteriology, chemistry, materia medica, even psychology and sociology, as a part of a nurse's education. But we need to keep clearly before us the fact that they are only elements in education, that of themselves they do not and cannot constitute an adequate preparation for nursing service, nor can they do so when supplemented only by two or three years of haphazard, hurried, undirected practice of routine duties in the hospital wards. The value of these new scientific subjects to the nurse, as a nurse, which is what we are concerned with, lies in their conscious application to the care of the sick.

The thorough, purposeful teaching of nursing procedures and technique is of primary importance and the various subjects conveniently classed as theoretical are for the purpose of improving nursing practice by giving a knowledge of the scientific principles that underlie it. These

subjects may, and often do, fail to achieve their purpose because the pupil fails to grasp their significance in her work. It is evident that there must be a close correlation between theoretical instruction and practical work if we are to get the best results from either. Our task is to find the best means of doing this.

The problem of how to get this correlation is not a new one; even in the schools where most of the instruction is given by the superintendent and her assistant. Every thoughtful teacher has felt at one time or another, that pupils have failed to get from their training all they should get. The reason for at least a part of this failure, is not hard to discover. The superintendent and her assistant have many duties beside those of instruction; they are not able to spend much time in the wards, and, separated from the practical realities of the work, tend in spite of themselves to get either the purely academic or the purely administrative point of view. Even in schools fortunate enough to have a special instructor, the teacher's time usually is fully occupied with the probation classes, but if this were not so, it is impossible for one teacher to supervise the work done by a large number of pupils in many different wards. Yet it is precisely this constant oversight, the insistence upon clean, accurate work, the presence of the teacher to direct, demonstrate, explain, and inspire the pupil, that is needed if our carefully planned courses of study are to improve the quality of the nursing done in the wards and if ward experience is to be made truly educative.

In the attempted solution of this problem as it exists today, the graduate head nurse seems to be a neglected factor, the present tendency being to regard her work as supervisory and administrative rather than educational, though there are many reasons why she should be considered as a member of the teaching staff. The pupils are responsible to the head nurse for the proper performance of such practical nursing duties as may be assigned them. She must, therefore, supervise their work, criticize it when necessary, and correct faulty methods if they are to be corrected at all, so to this extent at least she must be a teacher. She is in close relation to the medical staff; she knows the actual condition of the patients in her charge, their medical histories, the plan of treatment in each case and the reason for its adoption. Therefore, she has the background of knowledge concerning each patient that is necessary for teaching the proper nursing care of that patient. The pupils are with her constantly in the wards, so that she is able to make sure of opportunities for teaching as they arise. Moreover because of this close association the head nurse knows, or should know, the pupils under her, their attitudes, capabilities and needs. Thus in providing knowledge of the subject matter and control of material for illustrative purposes, in

constant opportunity for teaching, and in knowledge of the people to be taught, always an important factor, the position of the head nurse is unique and teachers in most other lines of work may well envy her these advantages.

Why have graduate nurses themselves been so slow to see the great possibilities in this field of teaching? Or is the failure of perception attributable to the heads of training schools? Many hospitals find it difficult to keep a sufficient number of graduate nurses to take charge of the wards and have been compelled to utilize pupil nurses for this purpose. This has been the case even in hospitals that would prefer not to do so. How then can they obtain the graduates they need as head nurses if to the present requirements they add that of teaching ability?

I think the reluctance of nurses to remain in the hospital as head nurses after graduation is largely due to the lack of any definite training, while they are occupants of such positions, that would prepare them for more advanced work in teaching or administration. For the reason previously given, namely, that from her own point of view, the work of teaching has been largely taken out of her hands, the head nurse has lost interest in this phase of her work. The routine of ward administration is soon learned and there is little incentive to further effort in this line. It has been said that a woman who is a good head nurse can be developed into a superintendent of nurses or of a hospital. Every large hospital is rich in material which could be used for the purpose of preparing nurses for positions as superintendents and matrons but in many of them, in the majority perhaps, the material is as inaccessible to the head nurses as if it did not exist.

In the second question the answer may be this: If other schools and colleges are able to draw a better class of students by raising the entrance requirements, at the same time improving the curriculum and teaching methods to a corresponding degree, it may be that the way to obtain and hold more and better head nurses in our training schools would be to define our requirements, then give something in the way of advanced instruction and wider experience that would be worth while to the kind of women we need in these positions. With this there must be a clear understanding of the aims and duties of each member of the teaching body.

From the purely administrative point of view there is one phase of the subject that is worth considering. The decreasing number of applicants for the training school is everywhere a serious condition, yet it is not a rare thing for pupils having entered a school to become discouraged and leave at, or even before, the end of the probation term. The reason

frequently given is that the work is too hard. More often perhaps than we suspect, the discouragement is due, not to the inherent difficulty of the work but to the hopelessly bewildered feeling that comes from being sent here and there, everywhere, about the ward to do, in the shortest possible time, things that the probationer never has been taught to do, so that, so far as she can see, she is expected to absorb knowledge by capillary attraction. It is not surprising that intelligent women should ask how that "broadening of the sympathies" that they have heard of as one of the results of a nurse's experience, and how the perfection of nursing technique that is their ideal, are to be acquired by such methods.

This vague and indefinite method of instruction is not always due to unkindness or indifference on the part of the head nurse, but it is often due to the fact that she has never been clearly shown her present responsibility for the proper teaching of the pupil nurses, and has not herself been taught how to impart knowledge. If pupils would find in the wards of the hospital, as well as in the class rooms, nurses who could teach and were interested in doing so, one source of dissatisfaction would be removed and we should have taken a long step toward securing a cheerful, interested and harmonious staff of undergraduate nurses.

We greatly need to get the scientific point of view and to regard the wards as laboratories wherein the scientific principles of nursing are illustrated, and technical skill is acquired. To this end we should have what every laboratory course in science has, namely, some method of recording the work actually done by the nurses and of checking up the results. For this purpose the card records already used by some hospitals are excellent and should be used by all. These records have a printed list of the lessons in practical nursing, with spaces for recording when the lesson has been given and when the pupil has done the work to the satisfaction of the teacher. From such a record the head nurse in any ward may see just what any pupil is able to do and what lessons she must receive. This record does away with the frequently heard excuse: "I never have been taught how to do that" and the equally frequent complaint: "I didn't learn anything in that ward."

But in addition to this more careful teaching of nursing methods, we need a more direct application of class room theory to the phenomena observed in the wards. The pupil may hear the bacteriologist talk of the "products of bacterial growth," without making any connection between that and the delirium or stupor of the typhoid patient to whom she has to give a sponge bath when she returns to the ward. But a question from the head nurse as to the topic taken up in the lecture, the pointing out of a few illustrations from material which every hospital ward furnishes would make this fact real to the pupil in a way that the lecture alone could never do.

The nurse may have had an excellent lecture on the structure and function of the kidney, yet never picture to herself the changes which have taken place in the organs of the uræmic patient to whom she is giving hot packs. Still less does she see any connection between ward patients and anything she has learned in the chemistry of nutrition or in materia medica. The same is true of almost every theoretical subject that is taught; the vital thing is to connect the abstract truth with the concrete situation if it is to make any lasting impression upon the nurse's mind or affect her performance of nursing duties. These connections are all so obvious that it seems as though any woman of intelligence could be trusted to make them for herself, but the fact that a good many apparently do not make them shows the need of careful bedside teaching and no other form of instruction can make up for a lack in this.

I never have found that the patients object to any bedside teaching that is done by the head nurse even when they may be inclined to resent the presence of medical students. The nurse who has the right attitude toward her work has the confidence of the patients. They are grateful for her care and the interest she takes in them, and show their appreciation by a willingness to cooperate in her plans.

How can the head nurse be helped to make the most effective use of her own powers and the opportunities afforded by her position?

The first thing is for the head of the training school to recognize the importance of her position and to study its possibilities in relation to class and lecture room work as well as in the teaching of practical nursing. The work of the instructor of probationers is clearly defined and she has little time for taking over any more of the teaching that she has with them. When the probationers are promoted to the Junior Class the head nurses should be made definitely responsible for a certain part of their training. In addition to carrying on the more advanced instruction in practical nursing, head nurses could take a part of the class work. A head nurse in one of the medical wards could take the class in medical nursing, the one in charge of the maternity ward could take the class in obstetrics. Such a system would bring about that close connection between ward and class room that is so much needed at the present time. In the small training school it would relieve the overworked superintendent of a part of the teaching. Moreover the fact that there were such opportunities for gaining experience in teaching would stimulate graduate nurses to increase their knowledge and would make such positions sought after by women of ability.

Having determined what the head nurses are to teach, the next step is to organize them into a teaching body and, as such, to give them a definite place on the faculty of the training school. No other educational

institution would attempt to carry on its work without such organization. Public schools, technical schools, and colleges everywhere have faculty meetings, conferences, teachers' associations and clubs. At these meetings problems of teaching and administration are discussed, methods are compared and future policies outlined. The head of the faculty comes into close personal relationship with the teachers and from his experience they learn how to deal with situations arising in their special fields. Most valuable of all, perhaps, is the enthusiasm and *esprit de corps* which comes from such meetings. It is here that training schools are weakest; they have relied too much upon custom, tradition, and a sort of military discipline and not enough upon the methods adopted in other educational institutions. But it is just this kind of organization and cooperation that training schools must have if they are to reach their highest efficiency in educating nurses.

The method of working this out will vary with different schools, but in all cases, whether the school be large or small, the superintendent should hold frequent and regular conferences with her staff of teaching head nurses. These meetings should include the discussion of teaching, of methods and the facts to be taught, as well as problems of ward administration. If the superintendent herself is not a trained teacher it would not be difficult to arrange for an occasional talk on the subject of teaching by a public school teacher or principal. There are many excellent books on teaching methods and some of these should be in the library of every head nurse for the fundamental principles of teaching are the same whether the subject to which they are applied be academic or vocational.

There are many phases of the subject that I have not attempted to touch upon here. The influence of the head nurse upon the pupils in their relation to the school, the patients and each other has been ably treated by many writers. It is a part of our inheritance from the past that the ethical and disciplinary side of nursing should be emphasized. But without neglecting this—for this old ideal of nursing is one of our most precious possessions—we need to lay more stress upon the educational and social side.

It is hoped that in the future more women will see the advantages that the position of head nurse offers. As preparation for teaching or administrative work it is invaluable. To me it has always seemed the most attractive that the hospital has to give. The head nurse touches life on many sides. If she is interested in science she may see in the ward the very latest application of it for the benefit of humanity, she may herself take part in the work and by her knowledge and skill help to make these new discoveries successful in the treatment of disease.

She works side by side with physicians and surgeons whose work other men may cross continents to see; this is a constant stimulus to further study and effort.

If it is sociology that fascinates her the material for its study is all around her, for at one time or another all the great problems that social workers are grappling with are encountered in the hospital ward.

If it is humanity that calls to her, just elemental human nature with its comedy and its pathos, its courage and its despair, its divinity and its degradation, all phases of it are revealed in the flashes of quaint humor, the patiently-endured trouble, the little comedies and the stern tragedies of the hospital ward. Life never lacks interest here.

Finally, if the maternal instinct is strong in her, and I believe that it is the fundamental thing in all women who are good nurses, it may find a wholesome field for its expression in the care given to the sick and in the very important part she takes in the professional education of the young women who are to be the nurses of the future.

The Chairman asked Miss Hinchley to open the discussion.

MISS HINCHLEY: I want to speak on the use of silk in the operating room. We use it extensively at the Washington University Hospital. First we tried the small spools and the different ways of sterilizing the silk seemed to be rather inadequate, because it is wrapped on little glass spools or glass rods. This is a little device that was first shown to me in the school and I simply elaborated it to meet my own needs (showing a small device consisting of several spools). We use silk entirely, A for fine, B for coarser and a D for coarser still; a fine linen for all intestinal sutures, and a heavy linen for all obstetrical sutures. The value of this device is that you set it up on your table or wherever you are at work and simply take hold of the end of your spool of silk, draw it out, and cut off whatever length is desired. That does away with cutting off a lot of sutures and laying them on the table. These spools are all perforated and at the top are two little holes. I put a pin across and wind my silk over that and then take the pin out and that leaves the silk wound on the spool very loosely, and there is no question but what it can be perfectly sterilized as far as boiling goes. The silk is boiled ten minutes. We found by testing it that this seemed to be perfectly adequate. Some think that boiling silk too much weakens it and that ten minutes is too long. When I first began using silk, the little spools would roll all around over the table and perhaps they would roll off on the floor, and if one is using three or four different sizes of silk it is hard to keep them separated, as they are nearly alike. Dr. Newman of St. Louis first showed me the little spool. That was his idea and the little stand was our own idea, in putting it together. We tried using the white silk, as an experiment, to see if it were any stronger, if the coloring matter

in the silk deteriorated the strength, but we could not find there was any difference, and of course white is much harder to use than the black, on account of its getting covered with blood and being hard to see.

I can only speak on head nurse work in the operating room from the point of view of a head nurse who has had charge of only one small operating room, where we do a great deal of heavy operating and where our force is small, and I think that this is the place where the head nurse gets a great deal of experience in every way. It is experience that is very valuable. The one problem that I have to meet, that has been rather hard, is in teaching hospital students to scrub up. They get their experience in that way and that necessitates a great deal of overseeing.

MISS POWELL: Did I understand you to say the medical students scrub up?

MISS HINCKLEY: The surgical students are divided into classes, the surgical and medical and the obstetrical, three different classes, and they take turns. We get all of the students in the operating room during their year; at present we have five. Whatever student is on the case that we are operating on, scrubs up after the operation. Another student is assigned to the anæsthetic under the graduate doctors, of course.

MISS POWELL: Does the staff take any responsibility on the strict supervision of these students when they are scrubbing up?

MISS HINCKLEY: Yes, they scrub up with the doctors and I always scrub up with the doctors too, in one room.

MISS POWELL: I should like very much to know, because there must be head nurses from many different parts of the country, whether any hospital at present is paying more than \$80 a month to head nurses, say, in charge of a floor of thirty to thirty-six beds; not head of a department, I do not mean in the obstetrical department, I do not mean in the operating room, but the ordinary head nurse, are there any hospitals paying more?

MISS BARNARD: The hospital at Gardner, Massachusetts, pays \$80 per month. It has 28 patients and three floors.

MISS POWELL: I had reference to hospitals that employ graduate nurses.

MISS BARNARD: We employ graduate nurses only and pay \$80.

MISS POWELL: What do you pay your graduate nurses on the floor?

MISS BARNARD: Forty dollars a month, the first six months, and \$45 after that.

MISS POWELL: I cannot help feeling that the reason we have such difficulty in getting head nurses is that we do not pay them enough. It seems to be essentially a stepping stone to something else, and for that reason we have a constant procession of nurses passing through. We expect a great deal of them and I do not believe we shall ever get

absolutely satisfactory head nurses, of the type described in this paper, who are responsible in supervision, and in everything perfection paragons. I feel it is probably enough for the young woman just out of school or for the young woman going into it because she wants to prepare herself for superintendent's work, but that is not the type of head nurse that is going to assist us materially in training our students, it is too fleeting and not permanent enough. I wonder whether any schools in the country are paying to graduate nurses, who are not distinctly head nurses, but just head nurses in charge of ward or floor, more than \$80.

MISS WILLIAMS: I am in a hospital in McKeesport, a suburb of Pittsburgh, and the head nurses there are employed for \$80 a month, the first six months, after that time they get \$90 a month. I would like to ask those present about their experience in having pupil nurses scrub up for operations; just what supervision does the head nurse give these pupil nurses? We found, with one supervisor, and more than one operation at a time, some difficulty about giving pupil nurses experience, especially in major operations.

MISS KRAMER: I am not an operating room nurse, but in our hospital, St. Luke's, Chicago, we train our pupil nurses to take operations, and the way in which that is done is that the head graduate surgical nurse plays third nurse and, with assistants, stands immediately over the nurse until she has taken a sufficient number of operations to feel that she is competent to go ahead; our nurses have three months, I think it is, and some of them six, those who show especial adaptability as surgical nurses. They are trained by being watched first and not by taking operations without supervision.

MISS POWELL: I would like to ask whether there is any operating room nurse here who has prepared herself definitely for an operating position, in charge of a large operating department, what means she took to get that extra preparation, after leaving school, as post graduate work.

MISS WILLIAMS: I took my training at Wesley Hospital, Chicago. Just to acquire adaptability in the surgical department nurses are given the privilege of taking an extra three months under the head surgical nurse and are put in charge of the operating-room there, and in that way they get extra training which is very beneficial to them if they wish to take surgical work outside.

MISS POWELL: Do you know whether that is common to their own graduates only?

MISS WILLIAMS: Only to their own graduates.

At this point the meeting adjourned.

EVENING SESSION

THE RED CROSS

In the absence of Miss Delano, Mary E. Gladwin of Ohio was in the chair, and announced that Miss Goodrich had a plan to present.

Miss Goodrich gave a brief report concerning the Florence Nightingale Memorial Fund, on behalf of Miss Nutting, who was unable to attend the convention, but who had worked harder than anyone on the plan for raising the Fund. The committee will consist of the presidents of the three national organizations, the presidents of the state associations; the superintendents of the Army and Navy Nurse Corps; the chairman, Miss Nutting; the secretary, Miss Crandall; and the treasurer, Miss Delano.

Miss Goodrich: The idea of appointing the state presidents as members of the committee was that we might reach the states through their organizations. In states where there are no such organizations, representative nurses will be appointed, this will include Hawaii and Philippines. Definite plans will be worked out and sent to the state presidents, suggestions as to how they can organize the work in their states though much latitude will be allowed each president concerning this matter. It is hoped that they will put on their state committee representatives of every nursing club or visiting association, superintendents of training schools or chairmen of state leagues, so that we may reach every corner of every state. The method of presentation at the Triennial Congress in June, at San Francisco, will also be determined on later, and it is hoped that each state will use its originality and initiative as to the way in which it will send delegation. Funds will be sent to the national treasurer through the state treasurer, but each state will send its delegation in its own way and we hope there may be some very beautiful banners. We must remember that the other countries are coming to lay with us their offerings at the feet of the representative from England, as a memorial of this wonderful woman.

Any suggestions that may be sent the committee as to arranging of contributions or any other matters will be welcome; the smallest contributions will be gladly received and welcomed. We trust that there will be such inspiration that every probationer in the country will want to give her mite.

I could not stand here and attempt to tell you of the business part of the proposition without saying one word concerning the person to whom we are raising this memorial, and if I talk of her I must also talk of some of her representatives. We have on the shelves of our book-

case a *History of Nursing* in which we shall learn much of this great woman, written by two of her children, Miss Nutting and Miss Dock; a stupendous piece of work for which we can never be too grateful. We have literature coming from the pen of that little woman, Miss Dock, which has changed the attitude of even the public at large on the subjects of Hygiene and Morality, a brief issued in such a scholarly manner that the public has accepted and welcomed it.

There could never be a more fitting moment to speak of Miss Nightingale than at this time when the sound of war is in our ears, and as we hear the cries of "Extras" in the streets. Memories of some of her sayings pass through our minds: "They clothed their children in velvet and silk, and I have seen my children clothed in army blankets and old regimental trousers, and fed on salt pork, . . . 'the Son of God goes forth to war, who follows in His train'—O, daughters of God, why are there so few of you to answer?" We can answer that there are forty-seven hundred of her children standing ready today, not rushing forward with a lot of false sentiment, but strong trained women ready to move forward in an orderly band when the call comes, and back of them other thousands of women ready too, if their call comes, and better than that, all over this country thousands of women helping to reduce that infant mortality, that tuberculous mortality, which is sending to the grave yearly a larger number of people than have been slain by any civil war.

It seems to me this woman has had response to her prayers and her work that is phenomenal and I am sure we are only rendering proper tribute to such a humanitarian and such an educator in what we are doing, when we remember that she refused a monument which the British public wished to raise, and turned it into a training school for nurses. With this in mind, I think our memorial is a fitting one. We turn from pension funds and monuments and are trying to raise a memorial in the shape of a Chair of Nursing in the country where she was born and which she so dearly loved, although her efforts extended so far afield that we can truly feel that we are also her children and are right to render to her this tribute.

THE CHAIRMAN: I believe most people think of the Red Cross as organized solely for people who suffer in times of disaster, but it has very great and splendid peace activities, and we are to hear of many of them tonight. For example, one of our Red Cross nurses is going to Bulgaria to found a training school for nurses and we are going to hear from her.

**THE PROPOSED ESTABLISHMENT OF A TRAINING SCHOOL
FOR NURSES IN BULGARIA****By HELEN SCOTT HAY, R.N.**

Sometime since, I was privileged to attend a National Red Cross meeting in Shanghai, China. The speeches were of necessity all in Chinese, which my friend, Dr. Stone, could interpret for me at rather irregular intervals, but nevertheless the occasion was inspiring, for the best medical talent as well as other educators were there, discussing questions relating to China's welfare. As I sat dreaming of the vast possibilities for all sorts of nursing service in that wonderful old country, it came to me what a splendid opportunity it would be for any nurse if the Chinese Red Cross should decide it wanted some one of us to go and help in the organization of hospitals, nursing schools and all branches of public health work in the progressive young republic. Gradually, at last, this dream is bound to be realized as strong women go forth from among us to create in isolated communities forces that shall work to the great Chinese nation's healing and betterment. A year later, when a letter came from Miss Delano of the American Red Cross asking if I would undertake the establishing of a nurses' school in Bulgaria, my dream for China came back to me. This was not the call of a vast nation whose future is assuredly one of the greatest of the world's powers, but the call of a small kingdom, little known, pitifully poor, and whose total population is scarcely 5,000,000. Still there is need and opportunity, and we go to do what we can.

First, where is Bulgaria? I would not offend the intelligence of my audience by assuming you do not all know where it is, but because the several Balkan states have a trick of getting tangled sometimes in the minds of a few of us, let me say in passing that Bulgaria lies south of Austro-Hungary, from which country it is separated by Roumania due north and Servia, north and west; it lies east and a little north from the heel of Italy with Albania, Montenegro and the Adriatic Sea between, north from Greece and the Aegean Sea, west from the Black Sea, with Constantinople and the Turk, grim and menacing neighbors, to the extreme southeast.

McDonald, writing of Czar Ferdinand and his people, says there is no more extraordinary phenomenon in European history than the renaissance and rapid progress of the Bulgarian race, which seven hundred years ago ruled southeastern Europe, but which for almost five hundred years, in the changing fortunes of nations, was so deeply submerged as to be lost sight of altogether. However, in spite of persecutions, internal dissensions and partial disintegration, something of the Bul-

garian race has survived, something of the Bulgarian spirit that once again will make itself a dominant factor in the story of civilization. By the treaty of Berlin, in 1878, Bulgaria was made a principality but given a liberty that permitted of education and advancement and the most amazing development of these Bulgarian characteristics by virtue of which this feeble folk have once more come into the world's notice. The principality has been made a kingdom, and to maintain her rights and defend her territory there stands an army courageous and competent. Those who know Bulgaria and the Bulgarians are sure that this child among the world powers is destined to a healthy growth and a permanent place.

What are these strong Bulgarian characteristics to which I have referred. Speaking, as I am, to an American audience, I can put it no more forcibly, perhaps, than to quote from a Brooklyn editor that the Bulgarians are the representatives in Europe of the American spirit. One of the most important of these common qualities is that of toleration which permits all creeds, all peoples, on terms of perfect equality and protection. The Bulgars uphold the purity of the home, are industrious, thrifty and economical. They are people of initiative and judgment, and possess the qualities of leadership that, united with their desire for intellectual development and expression, make them necessary to the highest European civilization. We know somewhat of the troublous days this kingdom has recently passed through from exaggerated and sensational press reports, where both facts and motives have been little understood and most unfairly interpreted. We know, too, something of the conditions in the kingdom now, great poverty, due to the long continued wars which have cost so bitterly in money, in production and in the best of the nation's men; but with these evils there has been the development of a patriotism and devotion that are promising possessions for any nation's future.

With the recent wars there has been, of course, the accompanying illness and injury that called for prompt and efficient aid, and first among the women of Bulgaria responding to the call was none other than Her Majesty, Ekaterina, the queen. No novice was she, carried away by a passing enthusiasm, but herself a trained nurse, who had seen active and arduous service in the Russo-Japanese War, and was frequently under fire of the enemy's guns. With the queen there comes into my narrative a character worthy of an artist's pen, concerning whom much has of late been written and said, some of it sensational and silly, the best of it inadequate, for the good deeds of Queen Ekaterina, in peace and in war, can never adequately be described. Her efficient nursing work and organization; her activity in all forms of helpfulness

and betterment of the conditions of her adopted people; the foundation and maintenance of hospitals, of schools and homes for the blind and deaf, and of sanitariums for consumptives; the giving of money to the poor, the providing, for the wounded soldiers, work that means occupation and support as well: there and a thousand other interests and activities fill her days with a rich service that, alike in its simplicity and effectualness, is scarcely to be believed. No wonder she is beloved of her adopted people, alien though she was but a few years ago. Such a well disciplined woman it was who directed the nursing activities in the Bulgarian wars, and from our own sorrowful experiences of '98, we can readily understand that the trained nurse and practical Bulgarian queen soon discovered the inadequacy of her untrained and poorly trained nursing help. For in Bulgaria there is no class of thoroughly trained nurses. There are Red Cross nurses, trained in the Red Cross hospital, but these are few in number, only about fifty being available, and at best they have had but superficial training. There is also a body of young women from the better classes, the Samaritan Society, numbering about 450, who had first aid courses given under the queen's direction and patronage. These two small nursing groups were the only women in the late wars representing any kind of nurse training whatsoever, and notwithstanding the fact that they gave heroically, they were at best wholly inadequate to the extent and serious character of their work. Bulgaria needed trained women, not only for the exigencies of war but no less for the constant necessities in times of peace, and Queen Eleonora appealed to our country and to our American Red Cross for assistance. Is it any wonder that our beloved Red Cross, discriminating and careful always, feels that with such a champion the cause is indeed worthy of encouragement and support? Of the various plans discussed for the foundation of a nurses' school, this was the one finally adopted: four Bulgarian young women of education and promise, and with a knowledge of English, are coming to this country for the nurses' course at the Presbyterian Hospital, New York City. In the meantime, the American superintendent, selected for the work in Bulgaria, will proceed to Sofia and organize a training school on American lines. She will have for the nurses' practical training a pavilion of 120 beds in the Alexander Hospital, a government institution which has a capacity for about nine hundred. The pupils of this Bulgarian school will be Bulgarian and Russian young women of high school and college grade, who have some knowledge of English, and these, together with the superintendent and her assistants, will be housed in a part of the hospital set aside for their use and now being made ready. In this nurses' training school project, the Samaritan Society previously referred

to is taking a vital part, serving as an interested and active board of managers, providing the nurses' uniforms, arranging with the queen various details of preparation, and even looking to the speedy erection on the hospital grounds of a nurses' home, where lectures, recitation and practice rooms and all the essentials of a good nurses' home are planned for. No less interested in the successful working-out of the scheme are the authorities of the Alexander Hospital, who realize that their care of the sick at the present time is atrociously bad and inadequate, and who look to the coming of the entire hospital under this new and better order of things. It happens that I had my training in a big municipal hospital where, beginning with a few wards, my training school gradually took over the nursing care, driving out the wanton and political trucksters, till at length decency and honest effort prevailed. It took quite thirty years to bring it about. Even yet various departments show the pitiful waste of effort where politics, and not right, rules. Let us hope and predict that the Alexander Hospital may prove an example to its western neighbor that thirty years is not necessary in the housecleaning process.

With the graduation of the Bulgarian nurses in New York, they will return to Sofia and take over the management of the newly organized school, fired, we trust, with zeal for service, and an enthusiasm that forces them into every form of social betterment. This year, at least, one of our large schools has a pupil nurse in attendance at these meetings. Certainly I would covet for these Bulgarian young women a like privilege of attending these gatherings every year they are in this country, for the stimulation and strength that they would derive, to take back with them to the needs and problems of their fatherland.

It is a new, a large and a unique opportunity and responsibility that has come to us American nurses, that of establishing our system of nursing in a far away land. We may well count it an honor that for this work Queen Eleanor has asked for American nurses, when to her choice she brings such rich experience, such broad culture and such practical views. Equally may we take pride in the fact that by its material assistance in the establishment of this training school for nurses in Bulgaria, the American Red Cross has once more evidenced its belief that a well trained nursing body is a powerful ally of all the agencies that stand for the preservation and progress of humanity.

Only three hundred miles from Sofia, where the Samaritan School for Nurses is to be established by Queen Eleanor, named as the Bulgarian Lady of the Lamp, lies Scutari, that must always recall to every nurse Florence Nightingale and her record of devotion and accomplishment. We go to our work without the sound of martial music or the

compelling heroism that is a part of a great war, without even the spiritual consecration of the missionary. The life and daily work in the Samaritan School for Nurses in Sofia must, we know, be difficult, often painful, and many times touched with *Acimurek* and heartache. So near to the scene of Florence Nightingale's labors and triumphs, may we not hope that some small measure of her strength and courage shall be given to us the teachers, as in our pupils there shall be instilled something of her beautiful service and devotion that shall count for the health and healing of the Bulgarian nation.

The next paper was on The Red Cross Nurse at the Gettysburg Encampment, by Sara M. Murray. (The text is not given here, as an article by Miss Murray, describing the work, was published in the JOURNAL for August, 1912.)

Following Miss Murray's paper was one by Fanny F. Clement on Opportunities for the Red Cross Nurse in Rural Work. (The text of this paper is also omitted, as three articles by Miss Clement on this general subject have appeared in the JOURNAL for February, April and May, 1914.)

OPPORTUNITIES FOR THE RED CROSS NURSE IN HUMANITARIAN ACTIVITIES

By MABEL T. BOARDMAN

In these days when there is a strong tendency to attempt to bring about a millennium by legislation, it is refreshing to meet with a body of women who by the nature of their discussions prove their sense of personal responsibility. If perfection is to be attained by law, let us make ten more commandments and become saints at once. In the making of laws to correct abuses we may justly suppose that the advocates of the laws must themselves be free from the guilt such laws are to prevent. Therefore, for him such laws are unnecessary. As St. Paul says, "The law is not made for the righteous man." Now it seems to me there is danger that this present tendency to constantly study the defects of others and the means for their correction may result in the ignoring of the beams in our own eyes. We lose the sense of our own personal responsibility, and, like the Pharisee, thank the Lord that we are not as other men are. We have had a great awakening to the sin of commission and omission of others. What we need now is a still greater awakening to our own failings, to our own duty to the community, and to the nation of which we are a part.

It is on some such duties and opportunities for service in humanitarian activities as provided for nurses through the Red Cross that I particularly wish to dwell tonight.

Lately in reading a new life of Florence Nightingale I was sorely struck with the difficulties and annoyances she underwent in the Crimea because of the lack of trained and disciplined nurses. All the patriotism, all the love and sympathy for suffering humanity cannot make up for the lack of training. Fortunately for us today, should the horrors of war ever again befall us, beside the patriotism and loyalty of the soldier will stand the patriotism and loyalty of our American Red Cross trained nurses. No greater opportunity for service to her country can be given any woman than the care of the sick and wounded in war.

But far more often than for war will the country call for the aid of our nurses. There has been the duty, and there it will be, to mitigate the sufferings caused by pestilence, fire, floods, earthquakes, cyclones, and other great disasters. Ready for the call whenever and wherever it may come, I need not speak upon their opportunities for humanitarian service, for of them our Red Cross nurses have themselves told you.

The spirit of the Red Cross pulsates with a strong and vigorous life and with no intermittent beat. It cannot be content to utilize its service for humanity only at times of war and calamity. There is need of it in the every day life of our country. Hundreds of communities outside the great commercial and industrial centers ask its aid, hence, its Town and Country Nursing Service. I believe we will live to see the day when this at present limited corps of able, specially trained, high-minded and high-purposed nurses will expand into a great, effective body of devoted women, its thousands of members to be found in every state of the Union, and far beyond in our most remote insular possessions.

But the field of our Red Cross humanitarian activities has not yet reached its bounds. What more has it to do? Were we able to accumulate at one time and in one place all the suffering due to ignorance throughout our country there would lie before us so appalling a scene of misery and wretchedness that the distress of the greatest calamity we have ever known would sink into insignificance before this. The untought mother writes into the volumes of her children's history a sadder story than her own. The Census Bureau estimates 300,000 babies die annually largely from preventable causes; 100,000 die from tuberculosis; 25,000 from typhoid fever. Other preventable diseases, and accidents, add their hundreds of thousands of yearly victims. What a toll of human sacrifice ignorance demands! The Red Cross is carrying on a broad educational campaign in many ways. The only

of the little Christmas Seal has done far more than raise vast sums for anti-tubercular work. It has been a means of arousing the people's interest and stimulating their desire to learn how to prevent the spread and the ravages of this terrible scourge.

Cooperating with the government, with many mining, railroad and other industrial companies, and with the assistance of the public-spirited and self-sacrificing medical profession, the Red Cross has organized an important department for instruction in the prevention of accidents and first aid to the injured. Since these instructions have been carried on in the state of Pennsylvania the accident and death benefits have been cut 80 per cent. These are cold figures, but the lessening of physical and mental suffering by this educational work cannot be estimated in numbers. A new branch has just been started for the organizing and training of life-saving corps among men and boys along the docks of our coast, lake and river cities.

If what Professor Winslow says is true, that, "Education is the keynote of the modern campaign for public health," satisfactory and lasting results can only be obtained by the education of the individual. I acknowledge this presents a difficult problem and one that opens before us vast fields of untilled ground. There is need of the spirit and the courage of pioneers for this work, and such spirit and such courage I know is to be found among the trained nurses of this country.

Many of our schools and colleges for women are giving courses of instruction in hygiene and home care of the sick. At Teachers College of Columbia University we find a course in Home Nursing intended to give instruction in simple emergencies, in first aid, and in simple procedures in the home care of the sick. To teach the women of the country certain laws of sanitation and hygiene that will do so much to prevent the spread of disease, to teach them some simple rules for the care of the sick in their own homes, will do more to lift the veil of ignorance and to save countless thousands from physical suffering, and those that love them from untold grief and sorrow than anything else of which I can think. We hear the heartrending plea for light from those that sit in darkness and the shadow of death. Such instructions no more usurp the training of the professional nurse than do those in first aid usurp the training of the medical man. The importance of the standardization of such instructions is emphasized by the Red Cross. This can best be accomplished by such a standard being set and maintained by the nursing committee of a great national organization. There should be one standard only, and the instructions should be carried on by women coming up to the Red Cross standard and under the supervision of its National Nursing Committee. By the introduction

of such courses into our higher schools and colleges there is strong probability that an interest will be aroused among a fine class of young women that will lead numbers of them to enter regular training schools. The superintendents of these schools and others interested in the training of nurses are very desirous of bringing into the profession well educated women, and recognize the advantage of higher educational standards as requirements for admission to the training schools, and whatever may help to do this I am sure they will welcome heartily.

This all-important work of the Red Cross belongs to the local nursing committees now and very real opportunities for humanitarian activities. This has been exemplified by the committees in Cincinnati, Philadelphia and the District of Columbia. In fact the cooperation of the nurses is essential for success. Where a local Red Cross Chapter exists, it and the nurses' committee should work together, the one organizing classes, securing a lecture room, and providing the necessary supplies; the other selecting the instructor and examiner and taking a local supervision of the courses.

Turning back to what I said at first, if there has not been lost the sense of personal responsibility, each will recognize her share in this great work of education. Lowell wrote: "No man is born into the world whose work is not born with him. There is always work, and tools to work, withal, for those who will."

By carrying on under the Red Cross this great educational campaign for the prevention of disease, suffering and death you will earn and deserve the gratitude of the nation. No body of women today has a greater opportunity for humanitarian activities placed in its hands. In the suffering of their ignorance the cry of the people goes up in that beautiful evening prayer, "Lighten our darkness," and it is yours to give them light.

A motion was made by Miss Greenless and carried, that the Red Cross nurses assembled send greetings to Miss Boardman and Miss Delano, regretting their absence, and pledge loyal support to the Red Cross.

PREPARATION FOR FURTHER DEVELOPMENT

By MARY E. GLADWIN

all

Miss Delano left with me a message to you. She gave it very hurriedly, and while I cannot repeat her exact words, I can give you the spirit and intention. It was to this effect: "When you go home, amid all the excitement that these days bring, and all the uncertainty

in which we are living, remember to cultivate, as somebody expresses it, that golden habit of silence combined with work, which is the best remedy for so many of our difficulties today.

I think you know what she meant, and what I mean by that golden habit of silence combined with work, through which we may quietly get ready and, while hoping for peace with honor, may prepare ourselves for anything that may come.

Our organization of the Red Cross service was comparatively easy. Given the right quality of leadership, organization is always easy. And then there were things in our minds that made it simpler for us. Many of us remembered the needs of the Spanish-American War; we had become more or less familiar with the principles of sanitation and hygiene in the Japanese War, and the achievements of the United States Army, notably in their quest for the cause of yellow fever, and some of us had familiarity with the splendid principles of service which are the underlying feature of the Red Cross.

Our organization accomplished, we must look forward to the future. There is always an element of danger in the period which follows organization, when the forces which led to it have more or less died down, and we must look forward to making our nursing service so efficient that it may be prepared for any task that may come.

When disaster comes, it comes usually with overwhelming suddenness. We have fire, flood, famine, calamity, local or widespread, that threaten the welfare and lives of many human beings, and the question comes of how we are going to be ready, better and better prepared to answer the calls that come. And although you have heard a good deal about it in our conventions here, I can't help going back and saying that the foundation, the fundamental preparation for the Red Cross Nurse lies in the school where she gets her training. In order to build a structure to be serviceable as years go on, we must have a foundation, and the time has come when the people of our country must understand something of the needs of our training schools. I like to read, and often read with great pleasure that charming story, as told in the *History of Nursing*, of the way in which a small band of women founded the school of nurses in connection with Bellevue Hospital in New York, and I know there are hundreds and thousands of people who are willing to help the nurses get good schools as soon as they understand that we are sacrificing the patients of the future in order to care for the patients of today—such schools as shall make the teaching and training of nurses not the casual things they are now.

When we have had our training in a good school, and added a number of years of efficient work in our calling, what more must we have?

First of all I would put a real knowledge of the origin, history, traditions, and ideals of the Red Cross itself. I think we should all know how it came into being, why it continued to exist, and to what future it is looking forward. And after that I would put a better knowledge of hygiene and sanitation, not only of dwellings and hospitals, but of camps and of cities. Next to that, perhaps, an added knowledge of food and food principles, studying food from a slightly different angle, perhaps, than that to which we are accustomed, getting some knowledge of the maximum amount of nourishment that may be obtained with the minimum amount of cooking, such as would prevent the use of raw beans which require hours of cooking being given to people whose means of cooking have been destroyed. I think the question of supplies should be studied more and more carefully by the Red Cross nurse. Wherever there is a Red Cross nurse, there should be an expert, not only as to what supplies are needed, but as to the way in which they should be packed and prepared. At this time I could tell some of the most pathetic stories of wasted devotion and self-sacrifice and labor on the part of hundreds of women in preparing things to send to the Spanish-American War, of barrels and barrels of jellies and jams which came to the hospitals with not more than three out of one hundred jars whole. I could tell you of hundreds and hundreds of mosquito nettings that came to camps where patients were dying of typhoid and malaria, which were of the poorest sort and impossible to use because of the poisonous dyes of lavender, purple and yellow in them. When you think we are keeping on as a great country doing the same stupid things over and over again, because we won't take pains or take thought, it looks curious. I might tell you how there came to Dayton, when men and women and children were wet and tired and almost bare-footed, boxes of shoes and not a single pair that matched—all for the left foot and none for the right. I could tell you of carloads of filthy undesirable, unsuitable clothing that came; the best was saved for use by the Salvation Army and the rest had to be burned. Is it not time we did better than that, and should there not be in every city where there is a Red Cross nurse some one to tell people what is needed and in what shape it is useful?

Then I think the nurse should have knowledge of the history and control of epidemics, I would like her to know something of the achievements of the medical department of the United States Army. There are countless pieces of knowledge which she could use which she should have at her disposal and at her finger tips to enable her to give the most efficient service when it is needed.

You will probably ask how does anyone propose to get this inter-

mation to the Red Cross Nurse? I have a vision of something of this sort: I am hoping that after a while, when things are quieter, the Red Cross may establish something like an extension course, publishing little pamphlets and books that nurses may take away when they go on cases, that we may have a graded reading and examination, and do it in such a way that it may reach every nurse, no matter how remote her community may be, and that in the end we may be able to give credit for this work. Our value is the value of a volunteer body and no matter how high our purpose may be we cannot do our best unless the knowledge that is necessary is put within our power. This is one of the things we hope may grow within the next year or two.

I feel very strongly about the Red Cross nurse, because in this age, which is accused of being material, and belonging to a profession that is said to be given over wholly to the pursuit of gain, I believe this volunteer service has touched the best in many of us, and that in every one of us there is the desire to go out and emulate the service of those who have gone before. I am quite sure if a call does come to us for immediate and hard service, there will not be wanted hundreds and thousands who will be ready to go and be glad to go.

I think every year of our lives is usually marked by something that has been either an inspiration or a hindrance to us, and I am going to tell you of something that has been an inspiration to me in the last year (which has nothing to do with Red Cross nurses).

I remember very often something that goes with me as I go on in my work, that away down beyond the Antarctic circle in a region of desolation and storm, at the head of Murdock Sound there is a gray wooden cross, and on that cross are printed the names of five men who gave their lives for a work that they felt called on to do, and below the names these words: "To strive, to seek, to find, and not to yield."

You all know the story, how Captain Scott and his brave men took months of preparation in England for the work they meant to do in finding the South Pole, how they went down to Murdock Sound and put up the little hut, and spent the long life of many months in making additional preparations, how they suffered and endured hardships, and continued to prepare for the work that was before them and went on and on through the snow and ice in a way that seems almost incredible, how finally they reached the South Pole, only to find the flag of Norway, where they had hoped to put their own flag, and bravely and uncomplainingly started back, and how the seaman who practically gave his life for others died, and then how a little later Captain Oates, the man who had been Captain of a creek regiment of cavalry in England, walked out of his tent into the blizzard, saying, "Good-bye, I shall

be gone a long time," and the other three pushed on a few miles a day suffering more and more each day, gradually losing all hope of reaching their camp in safety, till finally they crawled into their sleeping bags and prepared for inevitable death, only ten miles from safety. I wonder if you have ever thought how, in spite of all they had gone through, in spite of the fact they were now lying dying after perhaps the most wonderful failure the world has ever known, they still continued to prepare, still had their working mind and wrote as long as they could hold a pencil, orders and commands and plans for the continuation of their work. The lesson I would draw is that old eternal lesson of preparation. We prepare and prepare, as long as life lasts, for the step that lies before us, and we never know as long as we do live what great work may yet come to us.

Is not that the spirit that the Red Cross must inculcate, preparing year after year not only for the work of the present time, but for the work of encouragement and help for those coming after? And shall we not take to ourselves the inspiration of that great failure, and adopt for ourselves that same motto, which is written there amidst the snow and ice: "To strive, to seek, to find, and not to yield."

At the close of Miss Gladwin's address the meeting was adjourned.

TUESDAY AFTERNOON SESSION, APRIL 28

FOOD

Infant Feeding

By ALICE L. KETRIDGE

Superintendent of Nursery, Child-Saving Institute, Omaha

In submitting this paper for your attention and consideration, it is not my intention to dwell at any great length upon facts, figures and statistics in the abstract, but to give you something of the results of my own personal experiences and observations in the feeding of infants under two years of age, gathered during a supervision of a nursery of 33 beds and covering a period of a little over three years.

Within the last decade or two, wonderful strides have been made by the medical profession in surgery, obstetrics, gynecology, bacteriology, pathology, medicine, etc., but it is only within the last few years that pediatrics, per se, has come in for its share of careful thought, study and application. Societies for the prevention of infant mortality have been organized, the standards of local and general clinics have

been raised, and, more than all, mothers are being encouraged, and in many instances, even compelled, to nurse their own babies, thus giving these infants a start in life to which they are entitled and which, in the past, so many of them have been unnecessarily denied.

There was a time, not so many years ago, when a mother was allowed or even advised to wean her baby on the most trivial pretext, such as insufficient quantity, poor quality, too rich in fat, or "just because she was nervous." This was a condition for which we, as nurses, have been too often than not seriously to blame. It is our duty in our capacity as public health educators to make the mother feel that it is a divine privilege rather than an irksome duty to nurse her child. Many of us do not recognize in time the great error of allowing the mother to even suspect that there is the slightest reason why she should not be able to nurse her baby. Supposing the milk is insufficient in both quantity and quality; in either instance this can be regulated to a great extent by her habits and why should we discard the best food just because there is not enough of it? A careful analysis should be made and whatever is lacking in the human milk may be increased judiciously in the supplementary feeding employed until such time as the mother is able to supply this deficiency herself.

The average composition of human milk secreted by a perfectly normal individual is fats 4 per cent, carbohydrates 6 to 7 per cent, proteins 1.5 per cent, salts 0.5 per cent, water 86 per cent. These percentages vary slightly according to the diet, exercise and the time of day. The first milk that is withdrawn is more watery while the last is rich in fat. This should be borne in mind when the child does not gain in weight, or, on the other hand, when it is subject to persistent vomiting and fat indigestion, as evidenced by the fat curds in the stool and it should be regulated accordingly. In comparing the composition of human milk with that of cow's milk, the disparity is not so great excepting in the proteins. But the fat globules in cow's milk are much larger, more difficult to digest and prepare for absorption and assimilation by the digestive tract of the human infant. The carbohydrates are in the form of lactose sugar, yet, if this be added in the same proportion as it exists in mother's milk, fermentation with all of its attendant intestinal disturbances takes place, and the failure is dismal. So also, in the case of the proteid constituent, supplying the same proportion by modification does not argue or spell success. Why then, by careful modification of cow's milk, following exactly the percentages which exist in human milk, do we still so often fail to meet the requirements of the baby which has been defrauded of its natural nourishment? Breastmilk contains all the elements in correct proportion

necessary to make it most easy of digestion. It is furnished at a normal even temperature, it is a vital fluid, it is also a sterile food in itself, though of course the child may receive infection from an unclean nipple. The food is raw or fresh and naturally this precludes the possibility of scurvy, since scurvy is primarily due to absence of raw food.

Since breast milk is the normal nourishment furnished by Nature for every healthy child, no mother is justified in weaning her baby during the early months of its life except under the following conditions: the presence of syphilis, epilepsy, prolonged anemia, hysteria, tuberculosis or any of the acute infectious or contagious diseases which the infant might contract. In the case of the death of the mother or her total inability to nurse her child, and the impossibility of procuring a wet-nurse, artificial feeding must be employed. If a wet-nurse is available, she should be secured but not without a physician's certificate of health and his endorsement.

There are three different methods of accomplishing artificial feeding: first, when the child voluntarily nurses the food provided from a bottle; second, by means of the administration of nutrient enemata; third, by gavage. The first instance is merely the natural normal method which the young of the animal kingdom employ by instinct. The Break feeder is often employed for feeding a premature infant when it is unable to nurse. This is a graduated glass tube with a nipple on the one end the size of the bulb of a medicine dropper, at the other end is a larger rubber bulb which, when it is compressed, gently forces the fluid through the small opening in the nipple and thus relieves the child of the exertion of nursing. But when the child is the victim of an abnormal or pathological condition, this first method may be impossible and other means must be brought into service in order to prevent actual starvation. In case of persistent vomiting, which may or may not be due to pyloric stenosis, or where there is any extensive gastric disturbance, the use of nutritive enemata is imperative for a short time until the actual source of the trouble is determined. These enemata are usually stimulating as well as nutritious in their nature and are, of course, subject to the physician's prescription.

Many times a child has been brought to my attention which, aside from suffering from a general condition of marasmus, has also a complete loss of appetite. The most palatable food seems to produce the greatest nausea and disgust. The stool may be fairly normal in consistency but usually clay colored, indicating imperfect bile drainage. Stomach lavage once or twice daily would reveal quantities of mucus with possibly particles of undigested food. If, after a thorough washing of the stomach with an alkaline solution, artificial feeding of the

proper proportion and temperature were ordered by gavage, within a few days, the child would brighten, show evidences of hunger and would soon take its nourishment from the bottle in the normal way with zest and evident enjoyment, with a gain in weight naturally following.

When the average mother is confronted with the problem of feeding her child artificially, she is sometimes tempted to think that the different foods devised and manufactured for that purpose are as numerous as the sands of the seashore. Each one is heralded by its advocates and, I might say, by its advance agents, as the one and only food to use, superior even to human milk in its suitability to the child. But it is now coming to be generally conceded by the profession and the laity alike that cow's milk, modified to meet the requirements of the child is the next best substitute for mother's milk. Goat's milk in many ways more nearly approaches human milk in its composition, but the animal is difficult to keep in crowded communities, and, therefore, for all present practical purposes, must be eliminated.

The average composition of cow's milk as taken from a normal herd, is fat 4 per cent, carbohydrates 4 per cent, proteins 4 per cent; that is, the three essential food constituents are present in equal percentages. Authorities in different countries employ different methods in the preparation of cow's milk for purposes of modification. For instance, the French who believe that nearly all intestinal disturbances are due to the presence of pathogenic bacteria in the milk, raise the temperature to 212° and keep it there for from five to fifteen minutes. The English compromise on pasteurization; but in America it is generally believed that the best artificial food for the baby is raw milk obtained from a dairy which observes to the letter the laws of cleanliness and sanitation, with frequent inspections, modern equipment and tuberculin tested cows. Such milk is termed "certified milk."

The subject of milk modification is a broad and comprehensive one, requiring an intimate knowledge and education in chemistry, bacteriology, anatomy etc. Therefore it is not to be expected of the nurse that she should assume this responsibility. However, I do believe that it is essential that a nurse should possess a general working knowledge of the fundamental underlying principles involved in milk modification. Absolute surgical technique should be employed in the handling of utensils, etc.

Fediatricians differ in opinion somewhat in their use of cream and top milk but the latter is much more easily secured fresh and conveniently handled. Therefore in the following outline, I shall confine myself to the "top milk" method.

In comparing the percentages of cow's milk with those of human milk it is readily seen that the proteins are far too high and the carbohydrates much too low to be used unmodified. In order to reduce the proteins to the proper proportion the milk must be diluted, but in so doing the fat and carbohydrate percentages are lowered. However, this is remedied by the use of top milk with such an amount of fat as, when diluted, will contain the desired percentages. I believe that it is important to remember in the modification of milk, that fats are held in suspension and rise upon standing, while carbohydrates and proteins are in solution. When top milk has been diluted in the manner stated above, there is yet a deficiency in the carbohydrates, which is easily supplied by the addition of sugar in the form of lactose, maltose or saccharose. This brings us to one of the most important factors in successful artificial feeding. Some years ago all of the failures which resulted from milk modification were blamed indiscriminately upon the protein element. But later experiments have thrown this theory into disbelief. Vomiting in an infant, if not due to pyloric stenosis, is very apt to be caused by one or more of the three following conditions: first, by too high a percentage of fats; second, by too large a quantity or too great rapidity of ingestion; and third, by too high a percentage of carbohydrates. Many times it has seemed necessary to use skimmed milk or even milk which is absolutely fat-free for modification. The fat proportion may have been correct for the normal infant but excessive for a special case under treatment. A less frequent cause, but one to be reckoned with, is high carbohydrates usually in the maltose form. However, I am an enthusiastic advocate of maltose sugar, if used with care and discretion, with a full realization that there are cases which will not tolerate its use. But its great advantage is in its quick assimilation and its laxative qualities. Constipation is practically unknown in the infant that can successfully handle it. The most convenient forms in which it can be used are dental-maltose and the various malt-coup extracts. When neither of these are obtainable I have known of Mellin's Food being used, not according to the directions for making the food but merely as an additional carbohydrate, inasmuch as Mellin's Food contains 40 per cent maltose sugar. Malt sugar can be given in a somewhat higher percentage than either cane sugar (saccharose) or milk sugar (lactose), thus increasing caloric value. In the use of the malt-coup extracts, it must be remembered that every infant is a law unto itself and that one child may tolerate a much greater amount of the malt than will another. Many physicians recommend strongly the use of poly-carbohydrates and this can be accomplished by using cereal gruels, barley, oatmeal and wheat or rice water

as diluents instead of plain water, and the addition of sugar. Many intestinal disorders are corrected in this way. This is where progressive feeding is especially valuable. When a child shows, even before auto-intoxication has taken place, by a green, watery, curdled stool, with quantities of mucus, that there is acute intestinal disturbance, the first thing to do is to take away the milk and replace it with a thin cereal gruel or plain sterile water. A normal salt enema would flush the colon and remove accumulated mucus. Catharsis is generally ordered and the stools carefully watched. Not until the color has changed to brown and all evidences of mucus disappeared does it seem wise to make any attempt to return to milk in any form. This must be done gradually, using a skim milk formula and a low carbohydrate, replacing the gruel by the formula as the condition improves. While the child will temporarily lose in weight by this method it is most gratifying in its ultimate results.

The caloric value of one ounce of Berchardt's Malt-Soup, when made according to directions given for its use, is 20 and its composition is fats 1.5 per cent, carbohydrates 11 to 12 per cent and protein 2 per cent. While not a food to be recommended for permanent use on account of its high carbohydrate element, it can be modified by reducing the amount of the malt-soup extract so the mixture contains but 6 or 7 per cent or until the child can take it without creating an abnormal condition of diarrhea. This can be regulated by observing the consistency and frequency of the stools. The food can be used in this way for several weeks or until the infant is ready for a milk formula.

But supposing we have a child that is suffering from both fat and carbohydrate indigestion. Our great resource in this emergency is to fall back upon the proteins. The protein element in milk is composed of casein and the lactalbuminoids; the former is coagulated when it comes in contact with the gastric juices, but the latter are held in solution. Buttermilk and other fermented milks are indicated in such an indigestion inasmuch as both fat and carbohydrate percentages are lowered and these fermented milks also contain lactic acid. Protein milk, or the *Hiweis* milk of *Finkelstein* is probably the best preparation in this contingency that can be secured. It is low in sugar, has a moderate amount of fat, but the protein is proportionately high. It is composed of the curd of the milk after rennet has been added and the whey strained off. To this is added buttermilk and an equal amount of water. The curd is held in suspension and passes easily through a moderately large hole in the nipple. This can be used as a permanent food if desired, but in this case sugar, preferably maltose, should be added. I have seen *Hiweis* milk succeed and the child

thrive and gain in weight by its use where every other effort had failed.

Soy bean is also a preparation with a high protein content but in contrast to the Hiwein milk, its proteid is vegetable in form. It is made up in gruel form, contains practically no fats nor carbohydrates and is absolutely free from starch. The stool of an infant fed on soy bean gruel contains vegetable fibers.

The method known as caloric feeding was devised by Finckstein of Berlin and is enthusiastically endorsed by the Germans. In the opinion of most American authorities it is considered faulty in that too little attention is paid to the individual requirements of the child. For instance, a child may be receiving the required number of calories per day, but the elemental percentages be entirely out of proportion and acute pathological conditions might result. An infant under three months should ordinarily receive 80 calories per pound a day, and a child over three months should receive 45 and 40 calories per pound a day. If a child is marantic, poorly nourished and below average weight, the power of assimilation is reduced and therefore the number of calories per pound must be slightly increased. So also in active infants, the caloric requirements are greater on account of more rapid metabolism. The most practical advantage in caloric feeding is the ability to calculate the caloric value of the food given, and thus correct whatever trouble exists if the infant is not thriving.

Before having the subject of artificial feeding, I wish to mention briefly some of the proprietary foods with which the market is flooded. Some of these are made up with water alone, others with milk. Without a single exception, I believe, they are all remarkably high in carbohydrates in proportion to the other elements and babies fed upon them invariably wax fat. But we all know that fat is the poorest grade of tissue and it is an unfortunate baby that is provided with no bone and muscle making material at all. Such a baby is prone to be rachitic in a more or less degree and falls an easy victim to any acute infectious or contagious disease. They are to be recommended only for temporary use, when it is impossible to secure a pure milk.

In comparing the breast fed infant with the one who is being fed upon the bottle the points of difference are obvious particularly in the earlier months. Upon first glance the color is noted; where the breast fed youngster will have a pink and white coloring, the skin of the bottle fed is apt to be pasty and the lips and ears pale. The texture, too, is different in that the former has a velvety appearance which the latter does not possess. Dentition is apt to be delayed in the artificially fed baby and the second teeth are rarely as perfect. Then, too, the

mother is able by nursing it, to transmit to her offspring a portion of her own vitality and resistance to bacterial invasion and disease, an advantage, the lack of which, the bottle fed infant suffers keenly. He must manufacture his own resistance.

In closing, I wish to emphasize again the seriousness of our duty as educators in urging and bringing all the influence we have to bear upon maternal nursing wherever possible. The future of the race is certainly involved and we must not forget that the infant of today is the citizen of tomorrow. A sound mind in a sound body is the rightful heritage of every human being, and we as nurses have not done our whole duty if we ever leave a stone unturned in preaching this gospel.

The discussion was opened by Harriet Leete of Cleveland, who said:

Miss Leete: I feel so keenly that each infant requires individual care, individual feeding, I am bringing three points to your attention, first, the responsibility of ordering the food of the infant rests with the physician; second, breast food is known to be the best food; and third, the nurse can exert the greatest influence in encouraging breast feeding.

I have brought a chart copied from the last New Zealand report, in which you see that Norway and New Zealand have a much lower death rate than any other country. It is the aim of the New Zealand Society itself to promote and advocate breast feeding for infants. It is generally recognized that the reason why Norway stands next is practically all babies are breast fed.

In the work in Cleveland, the nurses are continually telling me stories which show that they can teach the mothers to keep the baby at the breast very often when they have not hitherto been willing and the doctors, perhaps, have not had time to encourage them. In numerous cases if the mother has not sufficient milk, or thinks she must go to work, the nurse can use her influence in encouraging the mother to obtain help from the charity agencies by perhaps giving her milk, so that she can have sufficient for the child. She is sometimes able to teach the mother to feed the child regularly and then the baby improves and takes only breast milk. Sometimes her object is accomplished by giving supplementary food, occasionally only, and temporarily. The nurse has a wonderful opportunity here in the reduction of infant mortality. I think this is the strong point, the strongest point, the teaching of the mothers to give breast milk, and if they cannot do it without help, to use every influence to help them do so.

FOOD IN HEALTH

Dr AMY LOUISE DANIELS, Ph.D.

The world is slowly awakening to a realization of the fact that inefficiency and crime are closely connected with under nourishment. As proof of this we have the introduction of free lunches or lunches at minimum cost in the public schools of our larger cities, the expenditure of larger sums of money for food in public institutions, and in many institutions where large numbers are fed, trained dietitians have the responsibility of providing for the purchase and preparation of food materials. Many of the cures effected in hospitals are the results of living under proper hygienic conditions, and not the least of these is the right kind and amount of food. But the majority of us are not in institutions where our diets may be regulated; we must choose for ourselves what we shall eat and how much we shall eat. In order to choose wisely we must know something of the use of food in the body, the composition of the more staple articles of food and the amount necessary to maintain us in health; for lack of nourishment may be the result of too little food or of the wrong balance of the various constituents.

The amount of food that an individual requires varies with the size of the individual and the kind of work he is doing. A man of a given weight and size doing a moderate amount of work—a clerk or a book-keeper—needs less food than a man of the same size who is doing much muscular work. The usual way of determining whether an individual is getting a sufficient amount of food is to compare the weights of the same individual at different times. If there is a loss in weight, in all probability too little food is being taken; or else the food is not being properly digested and assimilated. Tiredness is often directly traceable to too little nourishment. In children a failure to grow or increase in weight indicates under-nourishment. This may be the result of a too small amount of tissue building material, or some other necessary constituent, or it may be caused by too little food as a whole. The feeling of fullness after a meal does not necessarily indicate that the meal has been satisfactory from a dietetic standpoint. This may be well exemplified by cabbage. If one's noonday meal were made up entirely of this vegetable, about 7 pounds—the amount contained in four medium sized cabbages—would need to be eaten. Long before this amount would be consumed, the individual would become satisfied. Or the calorie needs of a given meal might be met by chocolate, which is a very concentrated form of food, 100 calories being furnished by 16 grams—about one-half an ounce—whereas 317 grams—three-fourths

of a pound—of cabbage are necessary for 100 calories. Only a very little over a quarter of a pound of chocolate would furnish the requisite number of calories for an entire meal. However, this latter food material lacks bulk, so that although enough food might be taken, there would still be a hungry feeling, because the quantity of material would be too little to stretch the stomach to its usual capacity. Both of these foods are inadequate in other respects as we shall see later.

Under normal conditions the appetite should be the guide as to the amount of food which should be eaten. But one does not lose weight under normal conditions nor should one be exhausted when the day's work is done. Instead of waiting until the loss in weight suggests that an insufficient amount of food is being taken it would be worth while first to find out the amount that we need and second, to determine if the amount we are taking approximates the amount we should have. The mathematical process involved frequently adds zest to our appetites; if we find we are one or two hundred calories (the unit used in estimating food energy) short in the day's supply, we have the fun of hunting for some tempting dish that will make up the requisite amount.

Food in the body is largely transformed into energy and this gives us power to do work. Since energy is easily transformed into heat, the energy value of food is determined by estimating the number of heat units or calories that a given quantity will give off. For example, 1 gram of sugar or starch will yield 4 calories or heat units, that is when 1 gram of sugar is burned, 4 times as much heat is given off as is required to raise 1 kgm. of water (a little over a quart) through one degree on the Centigrade scale. One gram of fat yields 9 calories of heat—over twice as much as 1 gram of sugar—and 1 gram of tissue building material, protein, contained in eggs, milk, meat, cheese, etc., dry weight, furnishes 4 calories. The amount of heat which the body needs is also estimated in terms of calories; so by knowing the energy value of the food one can easily find out whether enough to supply the daily needs is being taken. The following table gives the amount of energy or number of calories which must be supplied to individuals of various sizes doing different types of work.

ATWATER'S ESTIMATE ACCORDING TO DEGREE OF MUSCULAR ACTIVITY¹

	Calories
Man at moderately active muscular work (like carpenter or mason).....	3600
Man at hard muscular work (1.3 the food of a man moderately active)....	4680
Man at light muscular work (0.9 the food of a man moderately active).....	3240
Man at sedentary occupation.....	2720
Woman at moderately active work (0.8 the food of a man moderately active) 2720	
Woman at light work (0.7 the food of a man moderately active).....	2500

¹ Calculated for the average man weighing 70 kilograms (154 pounds) and the average woman weighing 55 kilograms (123 pounds).

Having determined the number of calories the individual needs, the next step is to find out the number of calories contained in the various foods. From the following table we can select typical foods for the three meals and estimate the caloric value of the day's supply.

*Edible Organic Nutrients and Fuel Values of Foods**

FOOD	PROTEIN (% K CAL)	FAT	CARBO- HYDRATE	FUEL VALUE PER POUND	100 CALORIES FURNISH
	per cent	per cent	per cent	calories	grams
Apples.....	0.4	0.5	14.3	225	129
Bananas.....	1.3	0.6	28.9	447	191
Barley, pearled.....	8.5	1.1	77.9	1015	25
Beans, dried.....	23.5	1.9	59.9	1595	29
lima, dried.....	15.1	1.5	65.9	1595	29
baked, canned.....	6.9	3.5	19.6	595	75
string, canned.....	1.1	0.1	3.5	95	495
Beef, porterhouse.....	21.9	29.4		1299	37
rile, lean.....	19.6	12.6		945	54
round, free from visible fat.....	25.3	3.5		512	57
rump, lean.....	20.9	13.7		949	49
Bluefish.....	19.4	1.2		495	113
Boston crackers.....	11.6	8.5	71.1	1095	25
Bread, graham.....	8.9	1.9	89.1	1199	35
rolls, water.....	9.9	3.9	84.3	1295	39
white, homemade.....	11.5	1.6	81.3	1295	39
milk.....	9.6	1.4	81.1	1195	39
vienne.....	9.4	1.2	84.1	1199	39
average.....	9.3	1.3	83.1	1199	39
Butter.....	1.9	85.9		3491	13
Cabbage.....	1.6	0.3	5.6	145	217
Carrots, fresh.....	1.1	0.4	9.3	294	221
Cauliflower.....	1.8	0.5	4.7	129	293
Celery.....	1.1	0.1	3.3	949	345
Cheddar cheese.....	27.7	26.3	4.1	2999	29
Cottage cheese.....	29.9	1.9	4.3	499	91
Chicken, broilers.....	21.5	3.5		495	99
Chocolate.....	12.9	49.7	39.3	3799	14
Cream.....	3.5	19.5	4.5	995	59
Eggs, uncooked.....	13.4	19.5		979	65
Figs, dried.....	4.3	9.3	74.3	1497	39
Fowl.....	19.3	19.3		1997	49
Ham, smoked, lean.....	19.3	29.3		1299	29
Herring.....	8.3	0.6	79.9	1099	29
Lamb chops, broiled.....	21.7	29.9		1914	29

* Sherman, H. C.: *Chemistry of Food and Nutrition*, p. 529.

FOOD	PROTEIN (N X 6.25)	FAT	CARBO- HYDRATE	FUEL VALUE PER FOOD	100 CALORIE PORTION
	per cent	per cent	per cent	calories	grams
Lamb, leg, roast.....	19.7	12.7		576	52
Lettuce.....	1.2	0.3	2.9	57	535
Milk, whole.....	3.3	4.0	5.0	314	145
Oatmeal.....	16.1	7.2	57.5	1511	25
Onions, fresh.....	1.6	0.3	9.9	230	208
Optima.....	6.2	1.2	3.7	228	199
Peanut, canned.....	0.7	0.1	10.8	213	213
fresh.....	0.7	0.1	9.4	188	242
Pean, canned.....	3.6	0.3	9.8	282	180
dried.....	24.6	1.0	62.0	1611	28
Peanuts.....	25.8	35.6	24.4	2680	18
Pia, apple.....	3.1	9.8	42.8	1288	37
canned.....	4.2	6.3	25.1	808	56
limes.....	3.6	10.1	37.4	1156	39
mince.....	5.8	12.3	35.1	1200	35
Sausage.....	13.0	44.2	1.1	2080	22
Potatoes, white raw.....	2.2	0.1	15.4	378	120
Prunes, dried.....	2.1		73.3	1288	33
Rice.....	8.0	0.3	79.0	1630	29
Shredded wheat.....	10.5	1.4	77.9	1680	27
Spinach, fresh.....	2.1	0.3	3.2	109	417
Sugar.....			100.0	1515	25
Tomatoes, fresh.....	0.9	0.4	3.9	104	438
canned.....	1.3	0.2	4.0	108	443
Turnips.....	1.3	0.2	8.1	178	266
Vegetable soup, canned.....	2.9		0.5	62	735
Wheat, cracked.....	11.1	1.7	72.5	1635	28

Let us take for example a man weighing 154 lbs. (70 kgs.) doing office work. According to our tables he should have each day 2720 calories of food. This should be supplied from a variety of food materials some of which contain a preponderance of fat, others of tissue building material (protein), and still others of carbohydrates,—sugar and starch,—and mineral matter. The proper proportion of these materials will be discussed later. Just now we are concerned with the amount of food rather than the kind of food. A day's ration might consist of the following:^a

^aMany of these data are taken from "Nutrition of Man," Russell H. Chittenden.

Breakfast^a

	PROTEIN	CALORIES
	grams	
One-half orange, 194.6 grams.....		80
One shredded wheat biscuit.....	3.15	100
One teaspoon of cream, 120 grams.....	3.12	200
One German water roll, 57 grams.....	5.67	105
Two one-inch cubes of butter, 30 grams.....	0.20	204
Three-fourths cup of coffee, 100 grams.....	0.26	
One-fourth teaspoon of cream, 30 grams.....	0.70	51
One lump of sugar, 10 grams.....		25
	12.70	900

Lunch

	PROTEIN	CALORIES
	grams	
One teaspoon homemade chicken soup, 144 grams.....	5.25	60
One Parker-house roll, 30 grams.....	3.20	110
One one-inch cube butter, 10 grams.....	0.10	142
One slice lean bacon, 10 grams.....	2.14	65
One egg, 57.5 grams.....	9.05	100
One small baked potato, 60 grams.....	1.57	55
One rice croquette, 50 grams.....	3.42	100
Two ounces maple syrup, 60 grams.....		100
One cup of tea, one lump of sugar, 10 grams.....		25
Stewed prunes, 30.1 grams.....	0.7	100
	25.70	900

Dinner

	PROTEIN	CALORIES
	grams	
One teaspoon cream of corn soup, 100 grams.....	3.25	72
One Parker-house roll, 30 grams.....	3.20	110
One-inch cube of butter, 10 grams.....	0.10	142
One small lamb chop, broiled, lean meat, 30 grams.....	9.51	60
One teaspoon of mashed potato, 107 grams.....	3.24	175
Apple-salad lettuce salad with mayonnaise dressing, 50 grams.....	0.62	75
One Boston cracker, split, 2 inches diameter, 12 grams.....	1.20	47
One-half inch American cheese, 12 grams.....	3.25	50
One-half teaspoon of bread pudding, 35 grams.....	5.25	100
One demi-tasse coffee, one lump of sugar, 10 grams.....		25
	29.21	951

^a These three menus fulfill the requirements of a balanced dietary. The total calories (2827) supplied is sufficient for the individual in question. The amount of tissue building material (97.67 grams protein) conforms with accepted standards—one gram per kilogram of body weight; and fruit and vegetables have been given in sufficient quantities to supply the inorganic constituents.

Attention should be called to the small amount of meat given in the menu. The use of meat or fish more than once a day should not be encouraged. First, because of the high flavor of these foods we are tempted to eat more than is necessary. Meat belongs to that group of food materials, the proteins, which are used chiefly for tissue building purposes; and although some of this kind of material is necessary, too much brings overwork to the organs of elimination, for that which is not used cannot be stored in the body but must be got rid of immediately. It is true that a portion of this protein complex can be used to supply energy, but it is not physiologically economic to take into the body material which must be thrown out because more of it has been taken than can be used. Other foods, those containing starch, sugar and fat are more economical sources of energy. Second, meat contains substances which break down in the body and form uric acid, an excess of which is responsible for gout, and possibly many other metabolic disturbances. It is better to get our tissue-building materials from eggs, cheese, milk and vegetables, some of which, viz., peas, beans, and lentils contain, however, about as much of the material which forms uric acid as does meat, but these are somewhat lacking in flavor, so that we are not tempted to use large amounts of them. Milk, cheese, and eggs contain none of these uric acid forming substances. The amount of tissue building material required varies with the size of the individual rather than the amount of work that is done, or amount of muscular activity. Physiologists tell us that for adults 1 gram of protein per kilogram body weight is enough to cover the daily requirement. This amount is contained in about $\frac{1}{3}$ of a pound of porterhouse steak, 9 eggs, or 4 pints of milk. But many other foods besides meat, eggs and milk contain tissue building foods in greater or less amounts. Therefore in planning any dietary the amount of protein contained in the other foods must be considered.

The principal energy giving materials, namely, fat, sugar and starch should be taken in sufficient quantities to make up the caloric needs of the individual. Or, in other words, all of these that one desires may be taken, provided the tissue-building requirements have been fulfilled. The starch and sugar are preferably obtained from vegetables, fruits, and cereals for these contain not only energy giving materials but mineral matter and woody fiber, the value of which will be considered later. In the suggested menu it should be noted that either fruit or fruit and vegetables are given in each meal.

The craving for candy so often experienced by children and those leading a particularly active life may mean that there is an insufficient amount of food being taken, in which case the craving will cease when

food other than candy is eaten; or this craving may mean that some necessary constituent or constituents are lacking. If the desire for candy persists after other food has been taken, the longing should be interpreted as indicating that the individual is not getting a sufficient quantity of mineral matter. This can be most readily supplied by eating fruit.

In the past the need of the inorganic food constituents (mineral matter) has been less emphasized than that of the organic food materials (fat, protein, and carbohydrate) because we have known less of the rôle of these in the body. Formerly, when foods were less refined there was little danger of a dietary containing an insufficient amount. But now that the prepared foods, such as starch, fat, sugar, polished rice, and white flour are being used more freely there is some danger that the mineral constituents may not be supplied in sufficient quantities. It is important that each meal should contain some foods, namely, fruits, or vegetables, which will furnish these.

Every dietary should contain a certain amount of residual material, the cellulose or woody fiber of fruits and vegetables. When this is lacking in sufficient quantities, the wastes of digestion fail to be readily removed. Such a condition can be corrected by drugs, but it is better that peristalsis (intestinal movements) should be brought about by food roughage rather than by artificial means. Foods which are especially efficient in this respect are fruits, whole wheat and bran breads, cereals made from the entire grain, and some vegetables such as celery, turnips, cabbage, etc.

The rôle of water in the dietary need not be discussed in detail. It is sufficient to point out that about $\frac{2}{3}$ of the body is made up of water and no physiological activity can take place without it. Because of a popular notion that water dilutes the digestive juices and therefore should be taken in very limited quantities at meals, many people err in taking too little. Recent investigation, however, has shown that this dilution theory is quite wrong. The activity of the digestive juices is increased by the addition of a certain amount of water. Furthermore, when water is taken with meals the digestion and absorption of the food materials are increased. But we should not conclude from this statement that food which is insufficiently masticated may be washed down with water nor that water instead of saliva should be used to aid mastication and swallowing. The liquid should be taken between bites rather than with the other food.

During the past few years there has been much work done on the nature of the proteins contained in the various foods and the rôle of these in nutrition. All protein materials are not equally efficient for

growth, nor do all supply the necessary constituents for protoplasmic repair. Among those which are particularly conspicuous are gelatin, the oil of corn, and the gliadin of wheat. The lesson to be drawn from these investigations is that food fads should not be encouraged; safety lies in being conservative, and in obtaining our food materials from a variety of sources. All vegetables are not equally efficient in supplying the necessary inorganic constituents, nor are all protein foods equally efficient in supplying the necessary building materials for the body.

FOOD IN DISEASE

By K. WALTER MILLS, M.D.

Naturally it is proper when I have been asked to address a body of nurses on the subject of Diet in Disease that I should speak of those particular aspects pertaining to this subject with which the nurse has to do; the relation of the dietetic art to that of the nurse. I will beg to be allowed to further modify my subject to one which perhaps might read *What a Nurse Should Know of Diet in Disease*.

May I first remind you of the very great importance of diet in the amelioration of disease; a fact that, because the subject of food regulation deals with such common elements, we are apt to disregard, and this unjustly. Brilliant cures result from food regulation. I have but to recall such instances as the forced feeding cure in tuberculosis, and the results of dietary treatment in rickets, typhoid and diabetes.

The efficacy of diet is doubted by the impatient ones who see in it only an example of affectation or faddism; this because rational dietetic practice is peculiarly dependant upon certain pure sciences, physiology, biological chemistry and on a wide range of clinical and general information, subjects difficult of acquisition and requiring much intelligence and understanding to utilize.

It has been said that diet is the most powerful and indispensable weapon that exists in the treatment of disease. While one is inclined to doubt the wisdom of such generalization, certainly none equal it in the universality of its application. You are asked to carry out many different kinds of treatment in diverse diseases. You may go for years without repeating some of them. The question of diet comes up in every case that you have over, or will ever be called upon to care for.

A consideration of diet in relation to disease from the nurse's standpoint immediately brings one up hard against certain problems. How much is it desirable or practical that a nurse should know of those theoretical subjects upon which the dietetic art rests. Is it practical

for instance for her to know something of different classes of food stuffs, of food values, or of the digestibility and absorbability of different foods; or is it best for her to simply know how to prepare orange albumin or prune whip? Again, if under a physician's orders, what is the advantage of her acquiring knowledge that she is unable to utilize, very possibly to the doctor's confusion.

I think we may answer all of these questions with the statement that if dietetics were properly taught nurses by persons who were thoroughly qualified to simplify the subject, and courageous enough to leave out all but principles, the acquirement of a certain amount of simplified theoretical knowledge, would as is always the case, prove the really practical method in the end. It would be wiser to learn principles rather than the mechanical memorizing of poorly arranged facts; this is for no better reason than the mental satisfaction accruing from such a course. Again it is more in keeping with the dignity of a profession than the servant-like memorizing of disconnected teachings. I am distinctly in favor of a moderate amount of clear teaching to nurses, of the rational principles that underlie dietetics.

With regard to the nurse being subordinate to a physician's orders; as a matter of fact the question of diet is far more frequently left to the nurse's discretion than the doctor should take pride in admitting; again in hospital and social work the arrangement of stock dietaries is most frequently left entirely to the nurse.

A nurse's knowledge of dietetic principles often prevents improper preparation of foods, that might easily escape the physician's attention. For instance the use of flour films in the preparation of soups for a diabetic or the use of milk containing sugar or milk in the preparation of foods for the same patient. To this end may I suggest the following as an epitome of the knowledge that a nurse might with advantage acquire?

First a rudimentary knowledge of certain facts pertaining to the physiology of metabolism that apply especially to dietetics. For instance, that the body is composed mainly of a very few chemical elements whose replenishment is dependent entirely upon the ingestion of these same elements in the food: that if a disease exhaust certain of these elements, and different diseases do so exhaust them, the body must be supplied with foodstuffs that carry these elements in excess. For instance, in tuberculosis there is great loss of body tissue due to its being burnt up to furnish useless heat, that is fever, and too on account of deficiency in food income in turn due to poor appetite. The only element that can be used for tissue repair is nitrogen, so foods that are heavy bearers of nitrogen are indicated in tuberculosis, eggs and milk are such foods, hence they constitute the chemical diet in the disease the

world over. Again in rickets, certain chemical elements that have to do with bone formation are deficient, such as calcium and phosphorus, together with certain vegetable acids that aid their combination. The administration of foods that contain these elements results in a brilliant cure. To illustrate: an infant might be grossly over nourished and at first sight in perfect health, this on account of the fact that he has been on a condensed milk diet, rich in fat forming elements, mainly sugar. Close examination however shows the stigmata of rickets, open fontanelle, widened wrist bones and chicken breast, all of which speak a deficiency in calcium and vegetable acids. If these are supplied in the form of lime water and orange juice, great improvement ensues, and incidentally, rational dietetics gains a notable victory. Such examples illustrate the value of a rudimentary knowledge of metabolism.

A knowledge of a simple classification of the foodstuffs and of the several functions that they subserve in the body through virtue of the elements they contain, is indispensable to any sort of rational dietetic practice. The natural classification while weak scientifically is probably most practical. This classification divides foodstuffs into water, salts, proteins, carbohydrates and fats. And now we are in danger of a befuddlement: it is not practical for a nurse to attempt to remember a list of chemical salts or to memorize and apply complicated definitions of proteins and fats that the great authorities have not yet been able to perfect. It is better simply to remember that there are certain inert substances, lime, phosphorus, potassium, whose function is either structural through virtue of their physical properties, as in the instance of calcium phosphate which forms 80 per cent of bones and teeth; or whose presence is necessary to form certain combinations, as iron combines in the red cells of the blood.

With regard to water, it is well for every nurse to know that while its function in the body is but that of a common carrier, that is, to form the basis of blood, urine and secretions, it is the foodstuff that the body can exist the shortest time without. On the other hand, we must realize that while there is, with the exception of certain rare heart and kidney lesions, no contra-indication to the use of all the water the patient desires, it is not possible for complicated reasons to deplete the body "to cleanse the system" in the common patter, of deleterious substances, by forcing the ingestion of water to the disgust and discomfort of the patient.

With regard to the classes of foodstuffs known as proteins, carbohydrates and fats I am sure that the best way to give a working conception of them is to remember what function each subserves in the body and the kinds of foods that are essentially carriers of each. Proteins are

substances and the only substances from which a growing individual may obtain material for growth. Also protein is the foodstuff that is by far most available for tissue repair, as has already been mentioned in instancing the rational diet in tuberculosis. To illustrate, a growing child must have a proportionately larger amount of protein than an adult. Milk is a food heavy in protein. As a food for children, man will never improve upon it, as a food for an adult in the same proportion, it is unsuitable because the excess of protein that it contains is not needed by the adult, and is utilized for other purposes with difficulty, or is not assimilated and actually acts as a poison.

Remember proteins by the example of foods that are heavy bearers of them, the gluten of wheat bread, the albumin of egg, the myosin of meat, the casein of milk. Remember that if a disease is characterized by tissue waste, tuberculosis, fever, cancer, proteins may be urged to the limit of their tolerance, but not if an adult be inactivated by a broken leg, and has a lessened demand for proteins because he neither breaks down tissue by work or through wasting disease. Remember carbohydrates and fats in the same manner, they are fortunately alike in their action in the body in that both are substances utilisable as fuel, either for muscular work or for purposes of heating the body, though the foods that carry them in excess are however notably different. Fats and carbohydrates are the gasoline of the human motor car, available for work and heat but cannot, except to a very limited extent, be used to repair worn-out parts. Remember, carbohydrates and fats by example of carbohydrates, sugars, starches and cellulose; foods containing them in excess being sweets, rice, potato, cereals, flour and cornstarch, etc. Notable examples of fats are butter, and the same thing cream, fat meats, and olive oil. While alike in the main, fats are more readily stored in the body than carbohydrates, in other words, have a greater tendency to increase weight. Any one may gain two pounds a week by eating a quarter of a pound of butter daily in addition to his or rather her usual diet.

There is one foodstuff, a protein gelatine, that it is well to recall, acts not as most proteins in furthering tissue repair and growth, but as a carbohydrate or fat contributing to the available fuel supply, so that it would be indicated where unless heat dissipation was great, as in typhoid, but should not be counted upon as a tissue renovator in a wasting disease. I mention this on account of the frequency of its use.

Another class of proteins that are unusual in their action, are the extractives of which bouillon and meat broths are examples. They are called extractives because they are substances that are rendered or extracted by boiling. They have little nutritive value and the old saw of a patient

starving to death on beef tea is literally true. The extractives are useful in stimulating the output of digestive secretions. We instinctively begin our dinners with bouillon for that purpose, but its nutritive value is 13 as compared with 119 for a pat of butter.

There are a few facts regarding the physiology of digestion of great importance in the practice of dietetics, that might be well acquired by every nurse, as they have great practical significance. These might be summarized as: first, a working knowledge of the essential principle of digestion, the ferment or enzyme, and a few facts regarding them of practical significance in dietetics. Again, certain features of the digestive act are so unique and interesting that one is tempted to suggest a knowledge of their acquisition as a matter of general information by one so closely associated with medical life. Second, some knowledge of alimentary motility, digestion and absorption. By digestion we mean that process by which foods are acted on by substances formed in the body, so as to reduce or dissolve them to simple substances that can in turn be taken up and converted into tissues. Now this is effected by certain substances secreted by different parts of the alimentary tract called ferments or enzymes. The body is utterly unable to take up food substances no matter how simple until thus acted upon, so apparently simple a thing as egg white or cane sugar if injected beneath the skin, cannot be absorbed; the former actually acts as a poison. Food must be first split into simple building blocks, in a proper place, before the tissues can appropriate it. May I illustrate the practical value of such knowledge? It was formerly, and to a less extent is still customary, in certain cases where food could not be tolerated by the stomach, to give so-called nutritive enemas containing egg, milk, wine salt, and the like, the idea being that the lower part of the large bowel into which these are injected, could to some extent absorb them, and thus increase the patient's nutrition. But the large bowel has no essential digestive function, no ferments capable of dealing with eggs and milk. It has, however, marked power of water absorption especially if salt be added to this. Practical experience has shown that good results from the use of such enemas, but it surely must come only from the water that is thus introduced and in spite of the egg and milk which, being foreign bodies, finally so irritate the bowel that it refuses longer to tolerate the whole business. Alcohols can be absorbed by any of the parts of the bowels or stomach which accounts for the slight stimulation resulting from such treatment.

These digestive ferments are among the most peculiar and wonderful substances in nature. Each can act on but one primary foodstuff. They act without any relation between the amount of the ferment and that of the substance acted on. A junket tablet, which is nothing but a

preparation from the stomach of a calf containing the milk coagulating ferment, could probably "set" ten gallons of milk under proper conditions; a practical use of this knowledge might be cited in the instance of milk peptonization where it is desired to decrease the amount of peptonization, or in other words, digestion. In the light of the above knowledge, it would be absurd to reduce the amount of the peptogenic powder, as I have seen a nurse attempt to do in order to lessen the process. Instead the time of exposure to the ferment action should of course be shortened by chilling the milk at a certain time. Here again, as on every hand in dietetic practice, we see another illustration of the application of physiological knowledge that teaches us that ferment action occurs at certain temperatures only, and may be inhibited or destroyed by lowering or raising the temperature above certain points. Recurring again to the subject of milk coagulation by the action of a stomach ferment remains, I have been often told mysteriously by nurses that the baby vomited curds. If the nurse knew the physiological facts she would realize that an alarming state of affairs existed if the baby did not vomit curds a certain time after taking milk, if he vomited anything.

A matter of very practical importance with regard to digestive enzymes has to do with the factors that cause their secretion. Pavlov, the great Russian physiologist, showed by certain ingenious experiments, that if a dog were even shown food when hungry, the stomach at once began to pour out its digestive juices, but that if the animal were annoyed this was not the case. Thus we have established that there is a physical or mental factor in the causation of digestive secretion. We ourselves know how flat and unprofitable is the meal eaten in anger or fatigue. The lesson that we may learn is that the food of invalids should always be served with the utmost taste and cleanliness. Anything that disgusts a patient with his food, has a direct untoward effect on the course of his illness.

Many other lessons might be pointed out from a further consideration of other of the processes of digestion, of the motility of the alimentary tract and of the powers of absorption of its various parts. It is almost unnecessary to say that a nurse should have a ready knowledge of the digestibility and absorbability of various foods, and if she can inform herself still farther as to why or why not certain foods are digestible, such knowledge is of much practical value as well as mental satisfaction.

It should be borne in mind that in general the more liquid a food, with the exception of milk and its preparations, the easier its digestion, and consequently the more solid the food the greater the proportion left undigested in the body. Hence in diarrhea we use liquid and finely divided foods which are easily and quickly digested and absorbed and

which have no solid matter to irritate the already irritable intestines. In constipation, on the other hand, fruits and vegetables are prescribed in cream, on the knowledge that they are poorly digested and absorbed and so have much matter to stimulate the sluggish motility characteristic of the condition.

A nurse's knowledge of the culinary preparation and selection of foods for the sick should be, and usually is, from domestic practice, adequate. Here, too, numerous illustrations of the value of some scientific knowledge might be cited. For instance, that a few foods at a time are much better tolerated than smaller but more numerous dishes. That desire for variety is not a manifestation of the patient's perverseness but is an expression of an actual physiological need. That different methods of preparation and combinations of the same foods greatly alter their digestibility. For instance, hot buttered toast is quite digestible, but bread fried in the same butter, quite indigestible; this because the substance of the bread in the latter instance becomes so saturated with oil that its attack by the digestive juices is prevented.

Of very great desirability is a knowledge of food values. The caloric method of dietary calculation and prescription will surely in some simplified form come into its own. While it is not advisable for nurses, except when specially so engaged, to go into the intricacies of caloric dietary calculation, every nurse should have a very distinct idea of the relative nutritive values of the various foods which she daily serves, of the very great differences in nutritive value between cream and bouillon, bread and apple sauce, butter and corn flakes.

In speaking of the caloric method of dietary prescription, I must mention its very notable triumph in revolutionizing our ideas as to diet in typhoid fever. It was determined that in typhoid the very great loss in weight was due to starvation rather than to the toxemia of the disease; that the dissipation of energy in the form of heat, that is fever, plus the ordinary working fuel requirement, was far greater than that which was represented in the usual typhoid diet. As a result the tissues of the patient's body were consumed to feed the irrepressible fire of his fever. It was but a step from this to the idea that he might be given a diet so high in nutritive value that the extra demand for fever fuel might be supplied by food rather than by the lean easily attacked body tissues. The result was remarkable; for the patient not only held his weight but often actually gained during his disease. Still another application of knowledge and reason further improved the situation. The classical milk diet for the typhoid was a diet heavily over-balanced in protein, a foodstuff not adapted to heat generation, and worse, difficult of assimilation. In short, it has been thoroughly established that the so-called

typhoid state was nothing more than a picture of starvation plus poisoning by undigested milk products. The typhoid patient does far better and the mortality is lower, on a diet of bread and butter, eggs of milk, mashed potatoes and some milk, than on the old régime, a triumph for rationalism in diet.

In conclusion I may say that while twenty minutes do not suffice to mention all the dietetic truths that a professional nurse might with great advantage to herself and her patient acquire, what could be read in a very few hours, were it in available form, would enormously enlarge her usefulness and greatly add to the intellectual pleasures of her profession. Surely it is not too much to suggest this, and in general a broader insight and participation with physicians in the scientific aspects of their work, not the least of which is the question of diet in disease.

After some discussion on the papers that had been presented, Miss Goodrich spoke in regard to a resolution which would be presented later, saying in part:

Last year and the year before a bill was presented to the legislature in New York State which required that the woman who was to practice as a nurse should be licensed by registration. We felt that education was a prerequisite for efficient nursing and that we ought to have some law requiring that every woman, to practice as a nurse, should be licensed and have a definite training, our law having previously required two years in a recognized school. We also felt that all schools of nursing ought to be under state control. The American Hospital Association has been considering the grading of nurses: grade 1, to be the woman who has graduated from a recognized hospital; grade 2, to be a woman who has had a year in a sanitarium or in some special hospital; grade 3, a woman who has had training through a correspondence school or has done work under some supervision or even without any, in the community at large. We do not feel that this is the way to approach this problem. Preparation for a nurse, should be, as a minimum, two years in a hospital, and the woman who is not so prepared should be called by a strictly different name, so that the people may know when they are getting a nurse and when they are getting an attendant. It would clear the field and enable us to train the attendants, if this were done. If we train her today, she goes out tomorrow as a nurse. She might be called grade C or grade 2, but the community does not stop to think about this and still considers her as a nurse.

We want to stand clearly for two classes, not for graded nurses. I should be grateful if some one would move that a resolution be prepared by the Resolutions Committee, stating that while we approve of two

classes for the care of the sick, we do not care for the grading of nurses in the manner indicated by the American Hospital Association. If you deem it right to make such a motion, I think it will be very helpful to the committee. Indeed I will put such a motion now: that a resolution be prepared by the Resolutions Committee of the American Nurses' Association to the effect that this association does not approve of the grading of nurses although it does believe in two distinct classes in the care of the sick, the nurse and the attendant.

The motion was carried, and the meeting adjourned.

EVENING SESSION

CIVIC CONTROL OF PUBLIC HEALTH NURSING

This session was held in conjunction with the National Organization for Public Health Nursing. Miss Crandall, Executive Secretary, introduced the chairman of the evening, George B. Margold, Director of the School of Social Economics. Addresses¹ were given by Dr. C. E. Ford, Commissioner of Health of Cleveland, Ohio, and by Roger Baldwin, secretary of the Civic League of St. Louis.

WEDNESDAY AFTERNOON SESSION, APRIL 29

This was a business session, the president, Miss Cooke, presiding.

Miss Giherson reported for the Relief Fund Committee that the funds in hand amounted to \$12,763.12. She thanked those who had helped in the sale of the calendar. Mrs. Twiss, the treasurer, read the list of pledges to the Fund. A vote of thanks was given to the Committee for the work done, and especially to the chairman, Miss Giherson.

Miss Krueger read the list of pledges for the expenses of the International Congress.

The subject of a national badge was next considered, Miss Sly reporting for Miss Walsh, the chairman of the committee, who had left the city. After further discussion of the designs submitted it was moved that the decision be postponed until the next annual meeting. The motion was carried.

The report of the Almshouse Committee was read by the chairman, Helen W. Kelly.

¹ Subscribers wishing to secure copies of these addresses should address Miss Ella Phillips Crandall, 54 East 24 Street, New York, N. Y.

REPORT OF THE ALMSHOUSE COMMITTEE

Late in the winter letters were sent to every state association listed in the directory of *THE AMERICAN JOURNAL OF NURSING*, asking for reports of work done during the year. Replies were received from twenty-one, all making practically the same statement, namely: "We have done nothing along the line of almshouse nursing during the past year;" one or two states adding that the Committee on Almshouse Nursing had been dropped. In many of the states reporting, other agencies had been at work to improve almshouse conditions.

As the American Nurses Association has fulfilled its most important obligation to almshouses, namely the education of our profession to the needs of these institutions and the opportunities they offer for constructive work, and inasmuch as we have now in the field two organizations which were not in existence at the time when the needs of the almshouses were so forcibly brought to our notice, your committee respectfully recommends that it be dissolved, and that the work of furthering the propaganda for better nursing care of inmates of public institutions be given over to one or both of these organizations whose work brings them more closely in touch with the needy and unfortunate than is possible for this association; namely the Red Cross Town and Country Nursing Service and The National Organization for Public Health Nursing. This recommendation is made, not in the spirit of shifting responsibility, but rather that greater good may be accomplished.

The Committee wishes to thank the secretaries of the state associations who responded so promptly to the request for reports. The replies came in an incredibly short time after the request was sent out.

The report of the Almshouse Committee was accepted and its recommendation was put to vote and carried, the committee being relieved and the work turned over to the two associations mentioned.

REPORT OF THE EDUCATION COMMITTEE

Miss Wheeler reported that the Education Committee of this Association would work in connection with that of the League of Nursing Education, so that there would be established no double standard. Further study will be made with the view of adapting the curriculum suggested to the needs of the smaller institution.

The secretary, Miss Krueger, read a letter from Senator Bush, acknowledging the telegram received in regard to the appropriation for the Children's Bureau and assuring the Association that the matter would have his earnest attention.

A telegram was read from Miss Nutting in response to one she had received bearing greetings.

Invitations for the 1915 and 1916 conventions were read from the following cities: Los Angeles, Louisville, Baltimore, and Philadelphia. It was decided that the senders be thanked for their courtesy and that the invitations be placed on file.

Miss Wheeler explained that the new Central Bureau of Legislation and Information would gather and supply data concerning the work of the state boards.

The Nominating Committee for 1914-15 was chosen as follows: two appointed by the president, Mrs. J. E. Roth of Pittsburgh and Louis Craft Boyd of Denver; three nominated from the floor, Mary E. Murn of Augusta, Georgia, Mary Alexander of Louisville, Frances M. Ott of Maraca, Indiana.

A communication was read from the National Organization for Public Health Nursing respectfully urging that the American Nurses' Association give first consideration to the south in accepting an invitation for 1916.

The Committee on Resolutions then presented the following resolutions, which were voted on separately and adopted, except that presented by the Section on Private Duty Nursing, which was referred to the Board of Directors for action.

REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee on Resolutions begs to submit the following:

That the members of the American Nurses' Association thank the Program Committee for the splendid work done by this committee, further they acknowledge with sincere appreciation the many helpful suggestions given by the speakers, ministers, doctors, and laymen, and further, they acknowledge gratefully the work and enthusiasm of the delegates;

To the hotel management they extend appreciation of the service and the many courtesies received;

They would gratefully thank the Committee on Arrangements, and the Missouri State Nurses' Association, for providing facilities for carrying on the meetings and space for the exhibits;

Further, the members of this body commend the action of the Intermediate Class of the Illinois Training School for Nurses for sending a representative of their class to this annual meeting.

Whereas, the American Association for Study and Prevention of Infant Mortality urges training schools for nurses to provide such in-

struction both in theory and practical training as will enable nurses to render efficient service in public health work and urges also that sanitary authorities, visiting nurses, and social service organizations be urged to place their facilities for study and practical training, so far as is feasible at the disposal of training schools for student nurses and of graduate schools for graduate nurses desiring to engage in public health work,

Be it Resolved that this indispensable part of nearly all forms of public health work be given as preliminary training for public health work whenever feasible.

Whereas, the American Society for the Control of Cancer recommends to this Association that its members be better informed in the essential facts in regard to cancer, particularly of the breast and uterus, and the prime importance of its early recognition.

Be it Unanimously Resolved that this Association recommend the teaching of this important subject in training schools for nurses.

Whereas, it is now well recognized that an eight-hour day for student nurses is beneficial to the nurse and school,

Be it Unanimously Resolved that this body of nurses recommends all accredited schools to adopt a fifty-four hour week for student nurses, and further recommends that a copy of this resolution be sent to the next meeting of the American Hospital Association.

Whereas, at a meeting of the American Nurses' Association, representing also the National League of Nursing Education, and the National Organization for Public Health Nursing, convened at St. Louis, Mo., this 26th day of April 1914, the report of the committee on the grading of nurses, submitted at a meeting of the American Hospital Association held in Boston in 1913, was carefully considered,

And, whereas, we are agreed that two classes of workers for the sick are required, we believe that the nurse with a proper nursing education under suitable conditions and the trained attendant, the minimum educational qualifications for each being determined by law, would best meet the requirements of the public, and that the grading of nurses as recommended in the report of the Hospital Association Committee, would fail to accomplish the purpose intended,

Therefore, **Be it resolved**, that the American Nurses' Association urge the American Hospital Association to cooperate with it in an endeavor to provide proper training for the nurse and the attendant, and be it also resolved that a copy of this resolution be sent to the American Hospital Association.

From the members present at the Round Table on Private Duty Nursing:

However, that we ask the American Nurses' Association to have their sessions consecutively, and that the Private Duty Section have a fixed time and place of meeting with a half day session.

The report of the tellers was given by Florence O. Johnson, the chairman, who stated that 385 ballots had been cast, 5 of them illegal, and that the following officers were elected: president, Genevieve Cooke; first vice president, Adda Eldredge; second vice president, Agnes G. Deane; secretary, Katherine DeWitt; treasurer, Mrs. C. V. Twiss; directors, Minnie Riddle, Delano, Crandall, Wheeler, Maxwell, Krueger.

The president declared the officers named, elected. It was voted that the ballots be destroyed.

A rising vote of thanks was given the retiring officers, and the new officers were introduced.

The President: The Chair wishes to state her appreciation of the splendid cooperation and work of those members retiring from official connection at this time, who, as a whole, have worked harmoniously and well, straight through. The Chair came into this work now, and has much appreciated the hearty cooperation of each member of the board and the officers.

The Chair is reminded that she has not yet stated where the next Annual Meeting is to be held. Possibly she assumed it was known to all (as it had come up for discussion at three successive annual meetings), that it was to be in San Francisco in 1915, the last week in May, covering that week in the International Congress of Nurses of 1915.

The convention was then adjourned.

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